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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

WILLIAM BEAUMONT HOSPITAL

Doing business as

BEAUMONT HOSPITAL ROYAL OAK

Number and street (or P O box if mail is not delivered to street address) Room/suite

26901 BEAUMONT BLVD

City or town, state or province, country, and ZIP or foreign postal code

SOUTHFIELD, MI 48033

F Name and address of principal officer

JOHN T FOX

26901 BEAUMONT BLVD

SOUTHFIELD, MI 48033

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

D Employer identification number

38-1459362

E Telephone number

(947) 522-1051

G Gross receipts \$ 2,971,269,609

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) ( ) ◀(insert no ) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.BEAUMONT.ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1956

M State of legal domicile MI

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

TO PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICE TO ALL OF OUR PATIENTS EFFICIENTLY, EFFECTIVELY AND COMPASSIONATELY, REGARDLESS OF WHERE THEY LIVE OR THEIR FINANCIAL CIRCUMSTANCES

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

17

4 Number of independent voting members of the governing body (Part VI, line 1b)

14

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

26,205

6 Total number of volunteers (estimate if necessary)

2,345

7a Total unrelated business revenue from Part VIII, column (C), line 12

69,445,398

7b Net unrelated business taxable income from Form 990-T, line 34

1,178,422

Revenue

8 Contributions and grants (Part VIII, line 1h)

26,681,090

9 Program service revenue (Part VIII, line 2g)

2,624,739,477

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d )

43,565,959

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

220,456,796

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

2,915,443,322

2,959,634,869

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 )

74,969,002

32,033,721

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

1,669,051,929

1,655,542,364

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,095,700,515

1,049,078,386

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

2,839,721,446

2,736,654,471

19 Revenue less expenses Subtract line 18 from line 12

75,721,876

222,980,398

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

4,043,698,061

4,280,616,612

21 Total liabilities (Part X, line 26)

2,079,761,063

2,106,035,296

22 Net assets or fund balances Subtract line 21 from line 20

1,963,936,998

2,174,581,316

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2019-11-15

Date

JOHN PEETZ VP OF TREASURY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00121981

Firm's name ▶ DELOITTE TAX LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 200 RENAISSANCE CENTER SUITE 3900

DETROIT, MI 482431313

Phone no (313) 396-3000

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2018)

**Part III****Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

WILLIAM BEAUMONT HOSPITAL WILL PROVIDE THE HIGHEST QUALITY HEALTHCARE SERVICE TO ALL OF OUR PATIENTS EFFICIENTLY, EFFECTIVELY AND COMPASSIONATELY, REGARDLESS OF WHERE THEY LIVE OR THEIR FINANCIAL CIRCUMSTANCES

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code ) (Expenses \$ 1,269,812,505 including grants of \$ 15,938,550 ) (Revenue \$ 1,399,240,382 )  
See Additional Data

**4b** (Code ) (Expenses \$ 1,095,099,864 including grants of \$ 13,745,568 ) (Revenue \$ 1,206,719,096 )  
See Additional Data

**4c** (Code ) (Expenses \$ 187,191,263 including grants of \$ 2,349,603 ) (Revenue \$ 206,270,935 )  
See Additional Data

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **▶** 2,552,103,632

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b> Yes	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<b>4</b> Yes	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	<b>5</b>	No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<b>6</b>	No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	No
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<b>9</b>	No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b> Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b> Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	<b>11b</b> Yes	
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	<b>11c</b>	No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	<b>11d</b> Yes	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b> Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	<b>11f</b>	No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	<b>12a</b>	No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b> Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	<b>15</b>	No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	<b>16</b>	No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	<b>17</b>	No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<b>18</b>	No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b> Yes	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b> Yes	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<b>21</b> Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<b>22</b> Yes	

**Part IV Checklist of Required Schedules (continued)**

		Yes	No	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		No
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V . . . . . ☐

		Yes	No	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	26,205	<b>2b</b>	Yes	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>	Yes	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>	Yes	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .				<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .				<b>7a</b>		No
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>	Yes	
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI ☒

### Section A. Governing Body and Management

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 17		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 14		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<b>2</b>	Yes	
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<b>9</b>		No

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	Yes
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	Yes

### Section C. Disclosure

**17** List the States with which a copy of this Form 990 is required to be filed: **MI**

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**▶ DONNA ZUK 26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 (947) 522-1541**

## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

☒

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

## Part VII

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	26,428,074	2,358,522	5,839,051

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 917

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	5	No

## Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0



Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>				
<b>1a</b> Federated campaigns	<b>1a</b>			
<b>b</b> Membership dues	<b>1b</b>			
<b>c</b> Fundraising events	<b>1c</b>			
<b>d</b> Related organizations	<b>1d</b>	12,922,947		
<b>e</b> Government grants (contributions)	<b>1e</b>			
<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	11,235,138		
<b>g</b> Noncash contributions included in lines 1a - 1f \$				
<b>h Total.</b> Add lines 1a-1f		24,158,085		
<b>Program Service Revenue</b>				
	Business Code			
<b>2a</b> INPATIENT	622110	1,324,346,705	1,324,346,705	
<b>b</b> OUTPATIENT	622110	1,202,909,403	1,142,130,029	60,779,374
<b>c</b> EMERGENCY	622110	195,230,381	195,230,381	
<b>d</b>				
<b>e</b>				
<b>f</b> All other program service revenue				
<b>g Total.</b> Add lines 2a-2f		2,722,486,489		

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		40,370,021			40,370,021
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real	(ii) Personal			
		496,760				
	<b>b</b> Less rental expenses	751,969				
	<b>c</b> Rental income or (loss)	-255,209				
	<b>d</b> Net rental income or (loss)			-255,209		-255,209
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			623,835			
	<b>b</b> Less cost or other basis and sales expenses		1,138,383			
	<b>c</b> Gain or (loss)		-514,548			
	<b>d</b> Net gain or (loss)			-514,548		-514,548
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events					
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	85,686,824			
<b>b</b> Less cost of goods sold	<b>b</b>	9,744,388				
<b>c</b> Net income or (loss) from sales of inventory			75,942,436	75,942,436		
Miscellaneous Revenue	Business Code					
<b>11a</b> BMG ARTS REVENUE	900099	22,101,171	22,101,171			
<b>b</b> CAF, TV, PHONE	900099	14,200,709			14,200,709	
<b>c</b> ASSETS FROM RESTRICTED	900099	1,079,787	1,079,787			
<b>d</b> All other revenue		60,065,928	51,399,904	8,666,024		
<b>e Total.</b> Add lines 11a-11d		97,447,595				
<b>12 Total revenue.</b> See Instructions		2,959,634,869	2,812,230,413	69,445,398	53,800,973	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	634,613	634,613		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.	31,399,108	31,399,108		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	25,520,035		25,520,035	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	229,217		229,217	
<b>7</b> Other salaries and wages.	1,283,658,444	1,269,949,289	13,709,155	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	49,121,879	46,398,448	2,723,431	
<b>9</b> Other employee benefits.	195,765,073	191,831,568	3,933,505	
<b>10</b> Payroll taxes.	101,247,716	98,944,099	2,303,617	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.	7,043,097		7,043,097	
<b>c</b> Accounting.	-672,986		-672,986	
<b>d</b> Lobbying.	221,426		221,426	
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.	3,232,409		3,232,409	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	271,754,591	198,272,033	73,482,558	
<b>12</b> Advertising and promotion.	4,655,832	827,512	3,828,320	
<b>13</b> Office expenses.	27,109,685	15,640,224	11,469,461	
<b>14</b> Information technology.	1,382,252	908,091	474,161	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	141,365,486	128,681,478	12,684,008	
<b>17</b> Travel.	6,263,852	5,348,689	915,163	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	4,888,768	4,443,301	445,467	
<b>20</b> Interest.	40,760,171	38,722,162	2,038,009	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	196,968,065	177,187,865	19,780,200	
<b>23</b> Insurance.	39,623,757	38,433,171	1,190,586	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
<b>a</b> MEDICAL SUPPLIES	241,573,043	241,573,043		
<b>b</b> PROVIDER TAX QAAP	59,938,123	59,938,123		
<b>c</b> BAD DEBT PROVISION	2,659,838	2,659,838		
<b>d</b> UBI PROVISION	310,977	310,977		
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e.	2,736,654,471	2,552,103,632	184,550,839	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .		164,124	<b>1</b>	203,573
	<b>2</b>	Savings and temporary cash investments . . . . .		176,582,263	<b>2</b>	130,308,468
	<b>3</b>	Pledges and grants receivable, net . . . . .		2,017,623	<b>3</b>	1,620,496
	<b>4</b>	Accounts receivable, net . . . . .		408,253,497	<b>4</b>	481,195,929
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .			<b>5</b>	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .			<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .			<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .		48,654,481	<b>8</b>	59,982,823
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		34,687,275	<b>9</b>	52,824,757
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b>	4,546,357,084		
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b>	3,099,100,864		
				1,364,003,862	<b>10c</b>	1,447,256,220
	<b>11</b>	Investments—publicly traded securities . . . . .		897,053,915	<b>11</b>	828,117,411
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		227,231,657	<b>12</b>	243,546,072
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		1,904,710	<b>13</b>	1,460,505
	<b>14</b>	Intangible assets . . . . .		20,181,109	<b>14</b>	20,045,484
<b>15</b>	Other assets. See Part IV, line 11 . . . . .		862,963,545	<b>15</b>	1,014,054,874	
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		4,043,698,061	<b>16</b>	4,280,616,612	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .		327,640,935	<b>17</b>	334,609,842
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		0	<b>19</b>	11,245,371
	<b>20</b>	Tax-exempt bond liabilities . . . . .		509,790,346	<b>20</b>	470,672,826
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .			<b>21</b>	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .			<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		32,893,749	<b>23</b>	29,679,509
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .			<b>24</b>	
	<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .		1,209,436,033	<b>25</b>	1,259,827,748
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		2,079,761,063	<b>26</b>	2,106,035,296
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .		1,955,087,232	<b>27</b>	2,166,811,337
	<b>28</b>	Temporarily restricted net assets . . . . .		8,849,766	<b>28</b>	7,769,979
	<b>29</b>	Permanently restricted net assets . . . . .		0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .			<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .			<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .			<b>32</b>	
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .		1,963,936,998	<b>33</b>	2,174,581,316	
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		4,043,698,061	<b>34</b>	4,280,616,612	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	2,959,634,869
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,736,654,471
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	222,980,398
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,963,936,998
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-88,379,190
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	76,043,110
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,174,581,316

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 38-1459362  
**Name:** WILLIAM BEAUMONT HOSPITAL

Form 990 (2018)

**Form 990, Part III, Line 4a:**

INPATIENT SERVICES WILLIAM BEAUMONT HOSPITAL (DBA BEAUMONT HEALTH SYSTEM ("BEAUMONT OR "THE SYSTEM")), A MICHIGAN NON-PROFIT CORPORATION, OPERATES A BROAD NETWORK OF HEALTH CARE DELIVERY ORGANIZATIONS IN OAKLAND, MACOMB AND WAYNE COUNTIES IN SOUTHEASTERN MICHIGAN AT ITS CORE, BEAUMONT'S FOCUS IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES SAFELY, EFFECTIVELY AND COMPASSIONATELY TO ALL PATIENTS IRRESPECTIVE OF THEIR ABILITY TO PAY THE SYSTEM HAS THREE ACUTE CARE HOSPITALS WITH A TOTAL LICENSED BED COMPLEMENT OF 1,909 BEDS FOR THE TAX YEAR ENDED DECEMBER 31, 2018, BEAUMONT'S HOSPITALS REGISTERED 107,771 ADMISSIONS, 80,796 TOTAL SURGERIES, 11,118 BIRTHS AND 283,297 EMERGENCY VISITS BEAUMONT OPENED ON JAN 24, 1955, AS A 238-BED COMMUNITY HOSPITAL IN ROYAL OAK, MICHIGAN TODAY, THAT HOSPITAL IS A 1,100-BED MAJOR ACADEMIC AND REFERRAL CENTER WITH LEVEL 1 TRAUMA STATUS IT WAS MICHIGAN'S FIRST MAGNET-DESIGNATED HOSPITAL FOR NURSING EXCELLENCE AND IT IS AN ASSOCIATE MEMBER OF THE NATIONAL ASSOCIATION OF CHILDREN'S HOSPITALS AND RELATED INSTITUTIONS A SECOND BEAUMONT HOSPITAL OPENED IN TROY IN 1977 AS A 200-BED ACUTE CARE COMMUNITY TEACHING HOSPITAL IT IS NOW AMONG THE NATION'S BUSIEST COMMUNITY HOSPITALS WITH 520 BEDS IN 2019, BEAUMONT, TROY RECEIVED MAGNET STATUS IN OCTOBER 2007, BEAUMONT BECAME A REGIONAL HEALTH PROVIDER WHEN IT ACQUIRED A THIRD COMMUNITY HOSPITAL WITH 250 BEDS IN GROSSE POINTE NINETY MEDICAL AND SURGICAL SPECIALTIES ARE REPRESENTED ON THE BEAUMONT MEDICAL STAFFS OF OVER 3,100 PHYSICIANS A MAJOR TEACHING FACILITY, BEAUMONT HAS 40 ACCREDITED RESIDENCY AND FELLOWSHIP PROGRAMS WITH MORE THAN 450 RESIDENTS AND FELLOWS AND PARTNERED WITH OAKLAND UNIVERSITY TO ESTABLISH THE OAKLAND UNIVERSITY WILLIAM BEAUMONT SCHOOL OF MEDICINE IN 2011 FOR UNDERGRADUATE TRAINING, BEAUMONT IS AFFILIATED WITH THE UNIVERSITY OF MICHIGAN AND WAYNE STATE UNIVERSITY SCHOOLS OF MEDICINE BEAUMONT ALSO HAS NURSING AFFILIATIONS WITH AREA SCHOOLS, INCLUDING A TOP-RANKED CERTIFIED REGISTERED NURSE ANESTHETIST SCHOOL AMONG OTHER RECOGNIZED INPATIENT DIVISIONS, BEAUMONT OPERATES HEART, CANCER, AND UROLOGY CENTERS WHERE PATIENTS IN THE COMMUNITY AND PATIENTS FROM AROUND THE WORLD RECEIVE STATE OF THE ART TREATMENT WITHOUT REGARD TO THEIR FINANCIAL CIRCUMSTANCES AS PART OF ITS COMMITMENT TO THE COMMUNITY AND SURROUNDING AREAS, BEAUMONT OPERATES A HIGHLY-REGARDED NEONATAL INTENSIVE CARE UNIT WHICH CARES FOR THE SICKEST BABIES REGARDING CARE FOR SENIORS IN ITS COMMUNITY, BEAUMONT HAS SPECIAL GERIATRIC SERVICES DEDICATED TO SERVING OLDER ADULTS AND THEIR FAMILIES WITH STATE OF THE ART TECHNOLOGY, TEAMS OF SPECIALISTS AND A HOST OF PROGRAMS SPECIALLY DESIGNED FOR SENIOR CITIZENS

**Form 990, Part III, Line 4b:**

OUTPATIENT AND OTHER SERVICES BEAUMONT'S MISSION EXTENDS BEYOND ITS CAMPUSES WHERE IT IS A LEADER IN PROVIDING OUTPATIENT HEALTH CARE SERVICES TO ALL MEMBERS OF THE COMMUNITY, INCLUDING MEDICAID PATIENTS, UNDERINSURED PATIENTS AND PATIENTS WITH NO INSURANCE AT ALL THE SYSTEM ALSO INCLUDES NUMEROUS COMMUNITY-BASED MEDICAL CENTERS IN MACOMB, OAKLAND AND WAYNE COUNTIES, HOUSING TWO FAMILY MEDICINE CENTERS, PHYSICIAN OFFICES, AN AMBULATORY SURGICAL CENTER, DIAGNOSTIC RADIOLOGY, LABORATORY AND REHABILITATION SERVICES, EXTENDED CARE CENTERS IN BLOOMFIELD HILLS, SHELBY TOWNSHIP, ST CLAIR SHORES, SOUTHFIELD AND WEST BLOOMFIELD, AN ASSISTED-LIVING FACILITY IN ST CLAIR SHORES IN-HOME CARE SERVICES INCLUDE NURSING, INFUSION MEDICAL EQUIPMENT AND HOSPICE AND BEAUMONT HEALTH CENTER IN ROYAL OAK, WITH OUTPATIENT REHABILITATION SERVICES, AN INTERVENTIONAL PAIN CENTER, AN ANTICOAGULATION MEDICINE SERVICE, A HYPERBARIC MEDICINE PROGRAM AND THE BEAUMONT WEIGHT CONTROL IN 2018, BEAUMONT RECORDED 2,539,285 OUTPATIENT ANCILLARY VISITS SYSTEM-WIDE ALL OF THESE OUTPATIENT SERVICES ARE PROVIDED TO PATIENTS ON A NON-DISCRIMINATORY BASIS AND IRRESPECTIVE OF ABILITY TO PAY

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**Form 990, Part III, Line 4c:**

EMERGENCY SERVICES THE EMERGENCY CARE CENTERS AT THE THREE HOSPITALS IN THE SYSTEM ARE STAFFED AND EQUIPPED TO HANDLE THE MOST SEVERE ILLNESSES AND INJURIES AS WELL AS MINOR TRAUMAS THAT REQUIRE MEDICAL ATTENTION BEAUMONT, ROYAL OAK AS WELL, IS A LEVEL 1 TRAUMA CENTER DESIGNATED BY THE AMERICAN COLLEGE OF SURGEONS THE SYSTEM TREATED 283,297 INDIVIDUALS IN ITS EMERGENCY CENTERS IN 2018 BEAUMONT PROVIDES THESE MEDICAL SERVICES REGARDLESS OF THE PATIENT'S ABILITY TO PAY AND TREATS EVERYONE REGARDLESS OF THEIR FINANCIAL CIRCUMSTANCES

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ALICIA BOLER DAVIS ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
CHRISTOPHER BLAKE ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
DAVID WOOD ..... DIRECTOR	2 00 ..... 56 00	X						1,910,312	0	463,484
GEOFFREY HOCKMAN ..... DIRECTOR	2 00 ..... 10 00	X						0	0	0
GERSON COOPER ..... DIRECTOR	2 00 ..... 10 00	X						0	0	0
HARRIS MAINSTER DO ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
JOHN FOX ..... PRESIDENT & CEO	2 00 ..... 58 00	X		X				4,260,149	0	1,672,732
JOHN LEWIS ..... CHAIRPERSON	2 00 ..... 8 00	X						0	0	0
JOHN NEMES ..... SECRETARY / TREASURER	2 00 ..... 8 00	X		X				0	0	0
JULIE FREAM ..... VICE CHAIRPERSON	2 00 ..... 8 00	X		X				0	0	0



Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MALCOLM HENOCH MD ..... DIRECTOR (END 12/31/18)	2 00 ..... 62 00	X						0	800,498	224,077
MARTHA QUAY ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
RONALD HALL JR ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
STEPHEN HOWARD ..... VICE CHAIRPERSON	2 00 ..... 8 00	X						0	0	0
THOMAS SAEI ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
TIMOTHY O'BRIEN ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
WILLIAM GOLDSMITH ..... DIRECTOR	2 00 ..... 8 00	X						0	0	0
JOHN KERNDL ..... EVP & CHIEF FINANCIAL OFFICER	2 00 ..... 56 00			X				952,634	0	413,192
AARON GILLINGHAM ..... CHIEF HUMAN RESOURCES OFFICER	50 00 ..... 0 00				X			497,213	0	234,968
CAROLYN WILSON ..... EVP & CHIEF OPERATING OFFICER	50 00 ..... 0 00				X			1,595,940	0	598,841

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES LYNCH ..... CMO-TROY/INT PRES GP	50 00 ..... 0 00				X			780,076	0	190,054
LESLIE ROCHER ..... CMO - ROYAL OAK	50 00 ..... 0 00				X			2,638,769	0	260,786
NANCY SUSICK ..... PRESIDENT TROY	50 00 ..... 0 00				X			934,524	0	254,249
NICHOLAS GILPIN ..... CMO - GROSSE POINTE	50 00 ..... 0 00				X			345,819	0	99,996
RICHARD SWAINE ..... PRESIDENT GROSSE POINTE	50 00 ..... 0 00				X			1,219,456	0	61,110
ROSANNA MORRIS ..... PRESIDENT ROYAL OAK	50 00 ..... 0 00				X			885,450	0	209,274
SAMUEL FLANDERS MD ..... EVP OPERATIONS & CHIEF OF HR	50 00 ..... 0 00				X			1,559,162	0	247,072
SUBRA SRIPADA ..... EVP & CHIEF OF INFORMATION	50 00 ..... 0 00				X			1,440,110	0	375,161
SUSAN GRANT ..... EVP & CNO	50 00 ..... 0 00				X			1,304,349	0	344,380
DUANE MEZWA ..... FACULTY PHYSICIAN	50 00 ..... 0 00					X		1,389,156	0	38,870

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARC SAKWA ..... CHIEF CARDIOVASCULAR SURGEON	50 00 ..... 0 00					X		1,490,795	0	39,200
MICHAEL E MADDENS ..... FACULTY PHYSICIAN	50 00 ..... 0 00					X		1,009,938	0	34,028
RICHARD BRONSTEEN ..... OBSTETRICAL ULTRASONOGRAPHER	50 00 ..... 0 00					X		978,130	0	39,202
STEVEN RIMAR ..... VASCULAR SURGEON	50 00 ..... 0 00					X		1,011,366	0	33,706
JOHN KEUTEN ..... FORMER OFFICER (END 2016)	0 00 ..... 0 00						X	0	137,410	0
BRIAN CONNOLLY ..... FORMER KEY EMPLOYEE (END 2014)	0 00 ..... 0 00						X	0	1,420,614	178
JAY HOLDEN ..... FORMER KEY EMPLOYEE (END 2014)	0 00 ..... 0 00						X	224,726	0	4,491

<b>SCHEDULE A</b> (Form 990 or 990-EZ)	<b>Public Charity Status and Public Support</b> Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.	OMB No 1545-0047
		<b>2018</b> <b>Open to Public Inspection</b>
Department of the Treasury Internal Revenue Service <b>Name of the organization</b> WILLIAM BEAUMONT HOSPITAL	<b>Employer identification number</b> 38-1459362	

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

**Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

**Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

**Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

**Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)  
(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	<b>Public support.</b> Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	<b>33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>33 1/3% support test—2017.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	<b>10%-facts-and-circumstances test—2018.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	<b>10%-facts-and-circumstances test—2017.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ► ☐

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	<b>3a</b>	
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	<b>4a</b>	
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	<b>4c</b>	
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b>, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>7</b>	
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	<b>8</b>	
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	<b>10a</b>	
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	<b>10b</b>	

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		



<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

Software ID:  
Software Version:  
EIN: 38-1459362  
Name: WILLIAM BEAUMONT HOSPITAL

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

<b>SCHEDULE C</b> <b>(Form 990 or 990-EZ)</b>	<b>Political Campaign and Lobbying Activities</b>	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	<b>For Organizations Exempt From Income Tax Under section 501(c) and section 527</b>	<b>2018</b>
<b>▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.</b> <b>▶Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.</b>		<b>Open to Public Inspection</b>

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization WILLIAM BEAUMONT HOSPITAL	<b>Employer identification number</b> 38-1459362
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3** Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3** Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4** Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		221,426													
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		221,426													
<b>d</b> Other exempt purpose expenditures		2,733,200,636													
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		2,733,422,062													
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-		0													
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-		0													
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>													

**4-Year Averaging Period Under section 501(h)**  
**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	147,247	238,298	258,975	221,426	865,946
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?			
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b>	Media advertisements?			
<b>d</b>	Mailings to members, legislators, or the public?			
<b>e</b>	Publications, or published or broadcast statements?			
<b>f</b>	Grants to other organizations for lobbying purposes?			
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b>	Other activities?			
<b>j</b>	Total. Add lines 1c through 1i			
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b>	Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b>	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b>	Current year	<b>2a</b>	
<b>b</b>	Carryover from last year	<b>2b</b>	
<b>c</b>	Total	<b>2c</b>	
<b>3</b>	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b>	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b>	Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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As Filed Data -

DLN: 93493319042869

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WILLIAM BEAUMONT HOSPITAL

Employer identification number  
38-1459362

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

(a) Donor advised funds

(b) Funds and other accounts

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

Yes

No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Yes

No

Part II

Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐

Preservation of land for public use (e g , recreation or education)

☐

Protection of natural habitat

☐

Preservation of open space

☐

Preservation of an historically important land area

☐

Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

2a

Total number of conservation easements

2b

Total acreage restricted by conservation easements

2c

Number of conservation easements on a certified historic structure included in (a)

2d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes

No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

(i)

Revenue included on Form 990, Part VIII, line 1

(ii)

Assets included in Form 990, Part X

► \$

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

b

Assets included in Form 990, Part X

► \$

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2018

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	24,351,052	18,618,182	17,936,215	16,492,604	15,610,407
b Contributions . . . . .	7,715,045	8,330,424	663,077	1,441,110	871,283
c Net investment earnings, gains, and losses	-2,088,427	1,137,826	18,890	2,501	10,914
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	161,270	3,735,380			
f Administrative expenses . . . . .	6,536,660				
g End of year balance . . . . .	23,279,740	24,351,052	18,618,182	17,936,215	16,492,604

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment ▶ 44 830 %

b

Permanent endowment ▶ 46 170 %

c

Temporarily restricted endowment ▶ 9 000 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .	1,601,045	86,214,302		87,815,347
b Buildings . . . . .	589,349	563,004,354	322,186,735	241,406,968
c Leasehold improvements		35,500,235	27,952,517	7,547,718
d Equipment . . . . .	1,081,294	2,748,254,549	2,300,386,565	448,949,278
e Other . . . . .	26,957,337	1,083,154,619	448,575,047	661,536,909
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				1,447,256,220

Schedule D (Form 990) 2018



Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.  
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
See Additional Data Table		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	243,546,072	

Part VIII

Investments—Program Related.  
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13 )		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	843,494,512
(2) CURRENT FUNDS HELD BY TRUSTEE	64,045,431
(3) ALL OTHER, NET	24,926,737
(4) DEFERRED COMPENSATION	81,588,194
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )	1,014,054,874

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.  
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
PAYER RESERVES	7,614,462
REIMBURSEMENT COST REPORT LIABILITY	15,335,733
INTERCOMPANY DEBT	759,793,809
ASSET RETIREMENT OBLIGATION	294,159,660
DEFERRED COMP PLAN 457(B)	73,529,727
MALPRACTICE LIABILITY	49,865,835
WORKERS COMPENSATION RESERVE	28,576,293
ACCRUED EMPLOYER 403B MATCH	26,400,000
ACCRUED OPEB	4,552,229
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,259,827,748

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-1459362  
**Name:** WILLIAM BEAUMONT HOSPITAL

**Form 990, Schedule D, Part VII - Investments Other Securities**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(A) CASH EQUIVALENT	31,940,348	F
(A) EQUITY	50,240,493	F
(B) AGENCY	295,949	F
(C) ASSET BACKED	6,342,901	F
(D) CMO	3,475,280	F
(E) CORPORATE	16,034,147	F
(F) MORTGAGE PASS-THROUGH	4,506,530	F
(G) MUNICIPAL	2,046,932	F
(H) US TREASURY	6,546,920	F
(I) YANKEE	5,075,427	F

**Form 990, Schedule D, Part VII - Investments Other Securities**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(K) COMMINGLED FUND	41,161,540	F
(A) HEDGE FUNDS	55,348,241	F
(B) REAL ESTATE	6,568,374	F
(C) PRIVATE CAPITAL	7,626,643	F
(D) DERIVATIVES	985,573	F
(E) MUTUAL FUND	5,350,774	F

**Form 990, Schedule D, Part X, - Other Liabilities**

1 (a) Description of Liability	(b) Book Value
PAYER RESERVES	7,614,462
REIMBURSEMENT COST REPORT LIABILITY	15,335,733
INTERCOMPANY DEBT	759,793,809
ASSET RETIREMENT OBLIGATION	294,159,660
DEFERRED COMP PLAN 457(B)	73,529,727
MALPRACTICE LIABILITY	49,865,835
WORKERS COMPENSATION RESERVE	28,576,293
ACCRUED EMPLOYER 403B MATCH	26,400,000
ACCRUED OPEB	4,552,229

Supplemental Information	
Return Reference	Explanation
PART V, LINE 4	THE PERMANENTLY RESTRICTED FUNDS HELD BY BEAUMONT HEALTH FOUNDATION ARE REFLECTED AS ENDOW MENT FUNDS EARNINGS ON THE ENDOWMENT FUNDS SUPPORT HOSPITAL AND CHARITABLE MISSIONS

Supplemental Information	
Return Reference	Explanation
PART V, LINE 1E	THE TAXPAYER IS A MEMBER OF A HEALTH SYSTEM, THE PARENT OF WHICH IS BEAUMONT HEALTH. DURING THE YEAR, BEAUMONT HEALTH FOUNDATION RECEIVED FUNDS FROM THE OTHER ENTITIES IN THE SYSTEM, OF WHICH A PORTION IS ATTRIBUTABLE TO RESTRICTED CONTRIBUTIONS. PLEASE SEE THE FORM 990 SCHEDULE D OF BEAUMONT HEALTH FOUNDATION FOR INFORMATION REGARDING THIS ENDOWMENT FUND.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
WILLIAM BEAUMONT HOSPITAL

**Employer identification number**  
38-1459362

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ **Yes** ☐ **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
CENTRAL AMERICA & THE CARIBBEAN	0	0	INVESTMENTS	CAPTIVE INSURANCE	120,000
<b>3a</b> Sub-total	0	0			120,000
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			120,000

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ► \_\_\_\_\_
- 3 Enter total number of other organizations or entities . . . . . ► \_\_\_\_\_

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* ☐ Yes ☒ No

**Part V** **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ReturnReference	Explanation

SCHEDULE H  
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

WILLIAM BEAUMONT HOSPITAL

Employer identification number

38-1459362

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy? . . . . .	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year  a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %  b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %  c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	No
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			11,139,237		11,139,237	0 410 %
b Medicaid (from Worksheet 3, column a)			271,132,775	220,128,676	51,004,099	1 880 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs			282,272,012	220,128,676	62,143,336	2 290 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			14,204,655		14,204,655	0 520 %
f Health professions education (from Worksheet 5)			103,221,887	31,964,557	71,257,330	2 630 %
g Subsidized health services (from Worksheet 6)			511,161,575	453,150,375	58,011,200	2 140 %
h Research (from Worksheet 7)			7,474,059	2,894,279	4,579,780	0 170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			628,862		628,862	0 020 %
j <b>Total.</b> Other Benefits			636,691,038	488,009,211	148,681,827	5 480 %
k <b>Total.</b> Add lines 7d and 7j			918,963,050	708,137,887	210,825,163	7 770 %

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

**Part III Bad Debt, Medicare, & Collection Practices****Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	26,780,810	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	974,943,790	
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	1,027,518,038	
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-52,574,248	
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.			
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other	

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 BEAUMONT KIDNEY SPECIALTY SERVICES LLC	NEPHROLOGY SERVICES	55 900 %		44 100 %
2 GREATER MICHIGAN LITHOTRIPSY LLC	TREATMENT OF KIDNEY STONES	10 800 %		17 700 %
3 GREATER MICHIGAN GAMMA KNIFE LLC	RADIATION OF BRAIN TUMORS	10 370 %		18 000 %
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

3

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										



**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
FACILITY REPORTING GROUP - A**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .	<b>1</b>	No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .	<b>2</b>	No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	<b>3</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	<b>5</b>	Yes
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	<b>6a</b>	Yes
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	<b>6b</b>	No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	<b>7</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	<b>8</b>	Yes
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	<b>10</b>	Yes
<b>a</b>	If "Yes" (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .	<b>10b</b>	
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .	<b>12a</b>	No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .	<b>12b</b>	
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

FACILITY REPORTING GROUP - A			Yes	No
Name of hospital facility or letter of facility reporting group				
Did the hospital facility have in place during the tax year a written financial assistance policy that				
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 000000000000 % and FPG family income limit for eligibility for discounted care of 300 000000000000 %			
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)			
c	<input type="checkbox"/> Asset level			
d	<input type="checkbox"/> Medical indigency			
e	<input type="checkbox"/> Insurance status			
f	<input type="checkbox"/> Underinsurance discount			
g	<input checked="" type="checkbox"/> Residency			
h	<input type="checkbox"/> Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	<input type="checkbox"/> Other (describe in Section C)			
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) SEE PART V, SECTION C			
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) SEE PART V, SECTION C			
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) SEE PART V, SECTION C			
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j	<input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** (continued)**Billing and Collections**

## FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> Yes	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C) <b>f</b> <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
<b>a</b> <input type="checkbox"/> Reporting to credit agency(ies) <b>b</b> <input type="checkbox"/> Selling an individual's debt to another party <b>c</b> <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP <b>d</b> <input type="checkbox"/> Actions that require a legal or judicial process <b>e</b> <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b> <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs <b>b</b> <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process <b>c</b> <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications <b>d</b> <input checked="" type="checkbox"/> Made presumptive eligibility determinations <b>e</b> <input type="checkbox"/> Other (describe in Section C) <b>f</b> <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> Yes	
If "No," indicate why		
<b>a</b> <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions <b>b</b> <input type="checkbox"/> The hospital facility's policy was not in writing <b>c</b> <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) <b>d</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

FACILITY REPORTING GROUP - A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>22</b>		
<b>23</b>		No
<b>24</b>		No

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

**Part V**   **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 60

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 3C	WILLIAM BEAUMONT HOSPITAL USES FEDERAL POVERTY GUIDELINES (FPG) TO DETERMINE ELIGIBILITY FOR FREE OR REDUCED CARE FOR LOW INCOME AND MEDICALLY INDIGENT INDIVIDUALS. IN ADDITION TO THE FEDERAL POVERTY GUIDELINES, WILLIAM BEAUMONT HOSPITAL USES RESIDENCY TO DETERMINE ELIGIBILITY FOR FINANCIAL ASSISTANCE
PART I, LINE 6A	BEAUMONT HEALTH - 46-5718220

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART I, LINE 7	WILLIAM BEAUMONT HOSPITAL CALCULATED THE COST OF CHARITY CARE AND MEANS-TESTED GOVERNMENT PROGRAMS, USING THE COST-TO-CHARGE RATIO DERIVED FROM SCHEDULE H, WORKSHEET 2 "RATIO OF PATIENT CARE COST-TO-CHARGES" OTHER BENEFIT AMOUNTS REPORTED ON LINE 7 WERE CALCULATED USING COSTS CHARGED DIRECTLY TO THE INDIVIDUAL PROGRAMS VIA THE FINANCIAL ACCOUNTING SYSTEM, AN INDIRECT COST ALLOCATION FACTOR FOR SHARED SERVICES IS ALSO CALCULATED AND INCLUDED IN APPLICABLE PROGRAMS LISTED IN OTHER BENEFITS
PART I, LINE 7, COLUMN (F)	THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 26,780,810



**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 2	PATIENT ACCOUNTS RECEIVABLE ARE REDUCED BY AN ALLOWANCE FOR AMOUNTS THAT COULD BECOME UNCOLLECTIBLE IN THE FUTURE THE HOSPITAL'S ESTIMATE FOR ITS ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS BASED ON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTION BY PAYOR THE HOSPITAL UPDATES, ON A QUARTERLY BASIS, THE HISTORICAL COLLECTION RATES FOR EACH OF ITS MAJOR PAYOR SOURCES OF REVENUE USED TO ESTIMATE THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ALLOWANCES MANAGEMENT PERFORMS AN ANALYSIS ON A MONTHLY BASIS TO EVALUATE THE SUFFICIENCY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS FOR RECEIVABLES ASSOCIATED WITH SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY COVERAGE, THE HOSPITAL ANALYZES CONTRACTUALLY DUE AMOUNTS AND PROVIDES AN ALLOWANCE FOR DOUBTFUL ACCOUNTS (WHICH INCLUDES UNCOLLECTIBLE DEDUCTIBLES AND CO-PAYMENTS ON ACCOUNTS FOR WHICH THE THIRD-PARTY PAYOR HAS NOT YET BEEN PAID OR FOR PAYORS WHO ARE KNOWN TO BE HAVING FINANCIAL DIFFICULTIES) FOR RECEIVABLES ASSOCIATED WITH SELF-PAY PATIENTS, THE HOSPITAL RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS IN THE PERIOD OF SERVICE BASED ON EXPERIENCE
PART III, LINE 3	THE HOSPITAL IS NOT REPORTING AN AMOUNT ON PART III, LINE 3 BECAUSE THE ORGANIZATION BELIEVES THAT NONE OR VERY LITTLE OF THEIR BAD DEBT EXPENSE RELATES TO PATIENTS WHO WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S POLICIES

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 4	SEE PAGES 11, 12 AND 20 OF THE AUDITED FINANCIAL STATEMENTS FOR YEAR END 2018
PART III, LINE 8	<p>THE SOURCE USED TO DETERMINE THE AMOUNT REPORTED ON LINE 6 IS THE HOSPITAL'S MEDICARE COST REPORT THE MEDICARE COST REPORT IS THE COSTING METHODOLOGY SYSTEM USED TO DETERMINE THE AMOUNT REPORTED ON PART III, LINES 5 AND 6 THE HOSPITAL UTILIZES WORKSHEET 6 FOUND IN THE FORM 990 INSTRUCTIONS FOR SCHEDULE H TO CALCULATE ITS SUBSIDIZED SERVICES THE INSTRUCTIONS STATE THAT "THE FINANCIAL LOSS IS MEASURED AFTER REMOVING LOSSES, MEASURED BY COST, ASSOCIATED WITH BAD DEBT, CHARITY CARE, MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS" GIVEN THAT WORKSHEET 6 DOESN'T SUGGEST REMOVING LOSSES ASSOCIATED WITH MEDICARE, A PORTION OF MEDICARE IS INCLUDED IN THE HOSPITAL'S SUBSIDIZED SERVICE CALCULATIONS SO AS NOT TO DOUBLE COUNT MEDICARE VALUES IN PART III, SECTION B, LINES 5 AND 6, THE PORTION OF MEDICARE SHORTFALL INCLUDED IN OUR SUBSIDIZED SERVICES CALCULATIONS HAS BEEN SUBTRACTED FROM THE MEDICARE REVENUE AND COSTS DERIVED FROM THE MEDICARE COST REPORT THE VALUES INDICATED IN PART III, LINES 5 AND 6 ARE THEREFORE WHAT REMAINS AFTER THE MEDICARE REVENUE AND COSTS INCLUDED IN THE SUBSIDIZED SERVICES CALCULATIONS HAVE BEEN SUBTRACTED OUT GIVEN THIS, THE RESULTING VALUES (PART III, LINES 5, 6 AND 7) WOULD NEED TO BE COMBINED WITH THE MEDICARE REVENUE/COSTS INCLUDED IN OUR SUBSIDIZED SERVICES TO GET THE FULL OVERVIEW OF MEDICARE REVENUE, COSTS AND ANY REMAINING SHORTFALL OR SURPLUS WE AGREE WITH THE CURRENT SUBSIDIZED SERVICES CALCULATION METHODOLOGY THAT ALLOWS THE INCLUSION OF MEDICARE DOLLARS AS THE MEDICARE POPULATION COMPRISES AN IMPORTANT SEGMENT OF THOSE RECEIVING SUBSIDIZED SERVICES CARE THE HOSPITAL TREATS ALL MEDICARE PATIENTS EQUALLY AND DOES NOT DISCRIMINATE AGAINST LOWER-MARGIN YIELDING SERVICES THE ORGANIZATION TREATS ITS MEDICARE SHORTFALL AS COMMUNITY BENEFIT FOR THE FOLLOWING REASONS 1) SINCE THERE IS AN EXCESS OF EXPENSES OVER MEDICARE REIMBURSEMENT THE HOSPITAL MUST COVER THE SHORTFALL, AS A RESULT THE AMOUNT NEEDED TO COVER THE SHORTFALL IS NOT AVAILABLE FOR OTHER CHARITY CARE AND COMMUNITY BENEFIT SERVICES, 2) A SIGNIFICANT PORTION OF SERVICES PROVIDED TO MEDICARE BENEFICIARIES WOULD LIKELY QUALIFY FOR CHARITY CARE ABSENT INSURANCE COVERAGE UNDER THE MEDICARE PROGRAM, AND 3) THE PROVISION UNDER COMPENSATED PATIENT CARE TO MEDICARE BENEFICIARIES POSITIVELY IMPACTS THE HEALTH OF THE MICHIGAN COMMUNITY IN WHICH WE SERVE</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART III, LINE 9B	FINANCIAL ASSISTANCE IS GRANTED TO THOSE PATIENTS UNABLE TO PAY ALL OR A PARTION OF THEIR BILL AND WHO ARE UNABLE TO QUALIFY FOR ASSISTANCE THROUGH FEDERAL AND STATE GOVERNMENT ASSISTANCE PROGRAMS IF AFTER INSURANCE REIMBURSEMENT ADDITIONAL ASSISTANCE IS NEEDED, ALL PATIENTS MAY OBTAIN FINANCIAL ASSISTANCE IF THE INCOME CRITERIA ARE MET ALL FINANCIAL ASSISTANCE APPLICATIONS ARE BASED ON POLICY GUIDELINES UNINSURED PATIENTS ARE REQUIRED TO PROVIDE DOCUMENTATION AND A COMPLETED APPLICATION IF APPROVED, THE ADJUSTMENT IS APPLIED TO THE PATIENT'S ACCOUNT FOR PATIENTS WHO DO NOT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE, PAYMENT PLANS ARE AVAILABLE
PART VI, LINE 2	IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, BEAUMONT HEALTH, THE SOLE MEMBER OF WILLIAM BEAUMONT HOSPITAL , CONDUCTS AN ANNUAL ENVIRONMENTAL SCAN OF THE COMMUNITIES SERVED EACH YEAR AS PART OF THE STRATEGIC PLANNING PROCESS WHICH INCLUDES KEY INFORMATION INCLUDING ACCESS TO CARE, DEMOGRAPHICS, HEALTH NEEDS, INTERNAL HOSPITAL DATA, AND IDENTIFYING GAPS IN SERVICES BEAUMONT HEALTH PARTNERS WITH THE WAYNE, OAKLAND AND MACOMB COUNTY HEALTH DEPARTMENTS ALONG WITH THE CITY OF DETROIT HEALTH DEPARTMENT TO WORK COLLABORATIVELY ON HEALTH NEEDS AND THE SOCIAL DETERMINANTS OF HEALTH THE COMMUNITY OUTREACH DEPARTMENT WITHIN BEAUMONT DIRECTS SERVICES AND PROGRAMS TARGETING VULNERABLE POPULATIONS AND SERVICES TO IMPROVE THE GENERAL HEALTH OF THE COMMUNITIES SERVED USING THE PATIENT AND FAMILY CENTERED CARE MODEL, COMMUNITY MEMBERS ENGAGE IN INCLUSIVE COMMUNITY COALTIONS THAT GUIDE THE HEALTH PROGRAMS AND SERVICES NEEDED IN THE COMMUNITY NUMEROUS DATA SOURCES ARE UTILIZED TO ASSESS HEALTH NEEDS OF THE COMMUNITIES INCLUDING MDCH, TRUVEN HEALTH DATA, CDC DATA SETS, BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM, CENSUS DATA, AND PUBLIC HEALTH DATA FOR WAYNE, OAKLAND AND MACOMB COUNTIES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	BEAUMONT HEALTH'S (BEAUMONT'S), THE SOLE MEMBER OF WILLIAM BEAUMONT HOSPITAL, MISSION IS TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES TO ALL OF OUR PATIENTS EFFICIENTLY, EFFECTIVELY AND COMPASSIONATELY, REGARDLESS OF WHERE THEY LIVE OR THEIR FINANCIAL CIRCUMSTANCES BEAUMONT ALSO STRIVES TO EDUCATE AND INFORM ALL UNINSURED AND UNDERINSURED PATIENTS ABOUT THE AVAILABILITY OF FINANCIAL ASSISTANCE AND CHARITY CARE FOR HEALTH CARE SERVICES THROUGHOUT THE COURSE OF THEIR TREATMENT AND BEYOND, THEREFORE, WHEN A PATIENT SCHEDULES OR REGISTERS FOR AN APPOINTMENT OR PRESENTS THEMSELVES FOR CARE AT A BEAUMONT FACILITY, ALL UNINSURED INDIVIDUALS ARE APPRAISED OF OPTIONS AVAILABLE FOR GOVERNMENT MEDICAL COVERAGE, THE AVAILABILITY OF FINANCIAL ASSISTANCE, NO-INTEREST PAYMENT PLANS AND THE EXISTENCE OF CHARITY CARE IN A NUMBER OF WAYS INTERPRETATIVE SERVICES ARE ALSO MADE AVAILABLE FOR ANY PATIENT FOR WHOM ENGLISH IS A SECOND LANGUAGE, INFORMATION MADE AVAILABLE TO PATIENTS INCLUDES - INFORMATION AND AN APPLICATION FROM THE MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES (DHS) RELATED TO MEDICAID - ACCESS TO AN ONLINE APPLICATION SERVICE WITH THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH - PAMPHLETS IN PATIENT WAITING AREAS IN VARIOUS LOCATIONS DESCRIBING THE AVAILABILITY OF FREE OR DISCOUNTED CARE FOR THE UNINSURED AND UNDERINSURED - CONTRACTS WITH ADVOMAS, AN OUTSIDE COMPANY, TO ASSIST UNINSURED INDIVIDUALS IN THE APPLICATION PROCESS AND TO SEARCH FOR ANY FORM OF FINANCIAL ASSISTANCE THROUGH OTHER PROGRAMS - ASSISTANCE FOR THE UNINSURED AND UNDERINSURED RELATING TO THE APPLICATION PROCESS BY BEAUMONT PATIENT FINANCIAL SERVICES REPRESENTATIVES, THEY ARE AVAILABLE PRIOR TO RECEIVING CARE, BEFORE OR AFTER A PATIENT STATEMENT IS RECEIVED OR TO HELP ANY INDIVIDUAL REQUEST A PAYMENT, CONTACT INFORMATION IS PROVIDED TO ALL PATIENTS - NOTICE OF THE AVAILABILITY OF FINANCIAL ASSISTANCE, DISCOUNTED CARE, OR FREE CARE (IF THE PERSON IS UNABLE TO AFFORD CARE) PROVIDED ON ALL PATIENT STATEMENTS
PART VI, LINE 4	BEAUMONT HOSPITAL ROYAL OAK IS DEFINED AS THE CONTIGUOUS ZIP CODES THAT COMPRISE 80 PERCENT OF INPATIENT DISCHARGES THE AREAS SERVED INCLUDE OAKLAND, MACOMB AND WAYNE COUNTIES IT IS THE MOST HEAVILY POPULATED AMONG THE BEAUMONT COMMUNITIES AND THE AGE COMPOSITION OF THE COMMUNITY IS SIMILAR TO THE STATE OF MICHIGAN AN THE COUNTRY THE COHORT AGED 65+ MAKES UP THE SMALLEST SEGMENT OF THE POPULATION (16 PERCENT) BUT IS EXPECTED TO EXPERIENCE GROWTH IN THE NEXT FIVE YEARS THIS AGE GROUP WILL INCREASE 18 PERCENT WHILE THE 18 TO 44 AGE COHORT WILL GROW MUCH SLOWER THE 18 AND UNDER POPULATION WILL EXPERIENCE THE LARGEST DECREASE THE BEAUMONT ROYAL OAK POPULATION IS PREDOMINANTLY WHITE (70 PERCENT) AND THE COMMUNITY IS HOME TO A LARGE ARAB POPULATION MOSTLY CONCENTRATED IN STERLING HEIGHTS BEAUMONT ROYAL OAK IS EXPECTED TO BECOME INCREASINGLY DIVERSE AS ALL MINORITY GROUPS ARE PROJECTED TO INCREASE BY 2020 THE ASIAN PACIFIC ISLANDER AND BLACK POPULATION WILL EXPERIENCE THE MOST GROWTH BEAUMONT ROYAL OAK HAS AN OVERALL COMMUNITY NEEDS INDEX SCORE (CNI) OF 2 7, HOWEVER THERE ARE ZIP CODES THAT HAVE A SCORE OF 5 0 - THE HIGHEST CNI SCORE THE BEAUMONT TROY HOSPITAL COMMUNITY IS DEFINED AS THE CONTIGUOUS ZIP CODES THAT COMPRISE 80 PERCENTS OF INPATIENT DISCHARGES AREAS SERVED INCLUDE OAKLAND, MACOMB AND WAYNE COUNTIES POPULATION IN THE BEAUMONT TROY AREA IS EXPECTED TO GROW 3 PERCENT IN THE NEXT FIVE YEARS THE 18 TO 44 AGE GROUP MAKES UP THE LARGEST PORTION OF THE POPULATION AND IS EXPECTED TO INCREASE BY 3 PERCENT SIMILAR TO THE PATTERN ACROSS THE BEAUMONT COMMUNITIES, THE 65+ GROUP WILL EXPERIENCE THE GREATEST GROWTH AND IS PROJECTED TO INCREASE BY MORE THAN 20 PERCENT THE UNDER 18 POPULATION WILL DECREASE BY 4 PERCENT THE COMMUNITY POPULATION IS 85 PERCENT WHITE, 6 PERCENT BLACK AND 6 PERCENT ASIAN PACIFIC ISLANDER THE COMMUNITY IS ALSO HOME TO A RELATIVELY LARGE ARAB POPULATION OF 3 PERCENT THE COMMUNITY IS EXPECTED TO BECOME INCREASINGLY DIVERSE BY 2020 THE COMMUNITY NEEDS SCORE IS 2 5 ON A FIVE POINT SCALE SCORES ARE ELEVATED IN THE AREAS SURROUNDING WARREN AND AUBURN HILLS THE BEAUMONT GROSSE POINT HOSPITAL IS DEFINED AS THE CONTIGUOUS ZIP CODES THAT COMPRISE 80 PERCENT OF INPATIENT DISCHARGES THE POPULATION SERVED IS EXPECTED TO DECREASE LESS THAN 2 PERCENT, WITH ROSEVILLE EXPERIENCING SLIGHT GROWTH AND THE SURROUNDING DETROIT AREA EXPERIENCING A CONTRACTION THE COHORT AGED 65+ MAKES UP THE SMALLEST SEGMENT OF THE POPULATION (15 PERCENT) BUT IS EXPECTED TO EXPERIENCE THE MOST GROWTH OVER THE NEXT FIVE YEARS THIS AGE GROUP IS EXPECTED TO INCREASE AMOST 15 PERCENT WHILE THE OTHER AGE GROUPS ARE EXPECTED TO DECREASE THE POPULATION SERVED IS PRIMARILY WHITE (55 PERCENT) AND BLACK (40 PERCENT) THE OTHER AND ASIAN PACIFIC ISLANDERS POPULATIONS ARE EXPECTED TO INCREASE, WITH THE ASIAN PACIFIC ISLANDER GROUP EXPERIENCING THE MOST GROWTH THE COMMUNITY'S OVERALL COMMUNITY NEEDS INDEX SCORE IS 3 6, WITH A MARKED CONTRAST BETWEEN AREAS OF LOW NEED AND A VERY HIGH NEED (CNI SCORE 3-5) WHICH ARE HIGHEST IN THE AREAS WHICH INCLUDE DETROIT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>BEAUMONT HEALTH, THE SOLE MEMBER OF WILLIAM BEAUMONT HOSPITAL, IS MICHIGAN'S LARGEST HEALTH CARE SYSTEM (BASED ON INPATIENT ADMISSIONS AND NET PATIENT REVENUE) FORMED IN 2014 BY WILLIAM BEAUMONT HOSPITAL, BOTSFORD GENERAL HOSPITAL AND OAKWOOD HEALTHCARE, INC TO PROVIDE PATIENTS WITH COMPASSIONATE, EXTRAORDINARY CARE, NO MATTER WHERE THEY LIVE IN SOUTHEAST MICHIGAN OUR CULTURE OF CARING PARTNERSHIPS AND CARE DELIVERY MODEL OF PATIENT AND FAMILY-CENTERED CARE DEMONSTRATES OUR COMMITMENT TO ENGAGING OUR PATIENTS, THEIR FAMILY, AND OUR COMMUNITY TO PROMOTE CONTINUOUS HEALTH CARE IMPROVEMENTS WITH EIGHT HOSPITALS, 145 HEALTH CENTERS, NEARLY 5,000 PHYSICIANS AND 38,000 EMPLOYEES, BEAUMONT HEALTH CONTRIBUTES TO THE HEALTH AND WELL-BEING OF RESIDENTS THROUGHOUT SOUTHEAST MICHIGAN AND BEYOND IN 2018, BEAUMONT HAD 178,000 INPATIENT DISCHARGES, 572,000 EMERGENCY VISITS AND 18,000 BIRTHS THE OUTPATIENT SITES INCLUDE EMERGENCY AND URGENT CARE CENTERS, MEDICAL CENTERS, LABORATORY CENTERS, PHARMACIES, REHABILITATION CENTERS, IMAGING CENTERS, SENIOR LIVING AND NURSING HOMES, WELLNESS AND FITNESS CENTERS AND HOME CARE AND HOSPICE BEAUMONT IS COMMITTED TO EDUCATION AND HAS MEDICAL AFFILIATIONS WITH OAKLAND UNIVERSITY WILLIAM BEAUMONT SCHOOL OF MEDICINE, MICHIGAN STATE UNIVERSITY SCHOOL OF MEDICINE AND WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE IN 2018, BEAUMONT PROVIDE GRADUATE MEDICAL EDUCATION TO OVER 900 RESIDENTS AND FELLOWS AND HAD OVER 100 RESIDENCY AND FELLOWSHIP PROGRAMS BEAUMONT HAS EIGHT TRAUMA CENTERS CONSISTING OF BEAUMONT HOSPITAL FARMINGTON HILLS (LEVEL 2), BEAUMONT HOSPITAL DEARBORN (LEVEL 2), BEAUMONT HOSPITAL GROSSE POINTE (LEVEL 3), BEAUMONT HOSPITAL ROYAL OAK (LEVEL 1), BEAUMONT HOSPITAL TRENTON (LEVEL 2), BEAUMONT HOSPITAL WAYNE (LEVEL 2) AND BEAUMONT TROY (LEVEL 2) BEAUMONT OPERATES EMERGENCY CENTERS AT EACH OF ITS EIGHT HOSPITALS, INCLUDING THE NEWLY EXPANDED CENTER AT ROYAL OAK BEAUMONT OPERATES THE ONLY 24/7 EMERGENCY ROOM IN CANTON TOWNSHIP, A COMMUNITY OF ABOUT 80,000 IN WESTERN WAYNE COUNTY IN ADDITION, BEAUMONT LEADS AND PARTICIPATES IN EMERGENCY AND DISASTER PLANNING TO PROTECT THE HEALTH AND SAFETY OF THE SOUTHEAST MICHIGAN COMMUNITY FURTHER, BEAUMONT HAS BEEN AN INNOVATOR IN GREEN PRACTICES TO IMPROVE ENVIRONMENTAL AND COMMUNITY HEALTH THROUGH ITS "GREEN TEAMS AND ENERGY MANAGEMENT TEAMS THAT CONTINUALLY WORK ON REDUCING THE CARBON FOOTPRINT ACROSS THE SYSTEM PATIENT AND FAMILY CENTERED CARE (PFCC) IS EMBEDDED IN ALL THAT WE DO AT BEAUMONT THIS INVOLVES THE PLANNING, DELIVERY, AND EVALUATION OF HEALTH CARE BUILT ON MUTUALLY BENEFICIAL PARTNERSHIPS AMONG PATIENTS, FAMILIES, AND PROVIDERS SHAPED BY PATIENT PREFERENCE PFCC IS ABOUT WORKING WITH PATIENTS AND FAMILIES AS PARTNERS IN CARE RATHER THAN DOING TO AND FOR THEM THIS APPROACH IS ALSO USED BY BEAUMONT IN THE COMMUNITIES WE SERVE TO MOST EFFECTIVELY DESIGN AND IMPLEMENT COMMUNITY HEALTH PROGRAMMING, COMMUNITY MEMBERS, CITY AND SCHOOL LEADERS, NONPROFIT ORGANIZATIONS, BUSINESS, FAITH-BASED ORGANIZATIONS AND OTHERS ALL COME TOGETHER IN COMMUNITY COALITIONS TO ASSIST WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) AND CREATE ACTION TEAMS THAT COORDINATE SERVICES, PROGRAMS AND EVENTS TO MAXIMIZE RESOURCES AND REDUCE DUPLICATION OF EFFORTS</p>
BEAUMONT FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE PROMOTION OF	<p>COMMUNITY HEALTH IN THE COMMUNITIES SERVED TO MOVE THE NEEDLE ON HEALTH PRIORITIES IDENTIFIED IN THE CHNA, BEAUMONT INITIATED "HEALTHY COMMUNITIES" - MULTI-SECTOR COALITIONS INVOLVING COMMUNITY RESIDENTS, PUBLIC HEALTH, CITY AND SCHOOL LEADERS, BUSINESS, FAITH ORGANIZATIONS, NONPROFITS AND OTHERS TO WORK TOGETHER TO IMPROVE HEALTH IN 2018, OVER 800 COMMUNITY MEMBERS SAT ON THESE COALITIONS WITH ACTION TEAMS TARGETING HEALTHY EATING, HEALTHY SCHOOLS, HEALTHY AT WORK, HEALTH ENVIRONMENTS AND DIVERSITY AND INCLUSION THESE COALITIONS GUIDE OUR WORK IN THE COMMUNITY IN THE DELIVERY OF PROGRAMS, SERVICES AND EVENTS TARGETING HEALTH AND WELLNESS THAT ARE PROVIDED AT NO CHARGE TO COMMUNITY MEMBERS OTHER SERVICES PROVIDED TO THE COMMUNITY ARE THE CERTIFIED APPLICATION COUNSELORS TO ASSIST IN ENROLLMENT IN THE HEALTH INSURANCE MARKETPLACE AND MEDICAID, NUMEROUS FREE HEALTH SCREENINGS, DIABETES PREVENTION PROGRAMS, NUTRITION PROGRAMS, SCHOOL NUTRITION AND ACTIVITY PROGRAMS IN OVER 30 SITES, COMMUNITY HEALTH EDUCATION, PARTICIPATION IN THE GIFT OF LIFE PROGRAM, HOSTING FAMILY/COMMUNITY SAFETY DAYS THAT ENHANCE THE HEALTH OF OUR COMMUNITIES, SPONSORSHIPS TO COMMUNITY ORGANIZATIONS, FINANCIAL AND IN-KIND SUPPORT TO COMMUNITY HEALTH CLINICS THAT PROVIDE FREE OR REDUCED HEALTHCARE TO VULNERABLE POPULATIONS, A FREE APP AND WALKING PROGRAMS IN THE COMMUNITY TO PROMOTE ACTIVE LIVING, 7 FOR \$70 - CARDIOVASCULAR SCREENING, SUPPORT TO COMMUNITY ORGANIZATIONS WITH BEAUMONT LEADERS SITTING ON MANY NONPROFIT BOARDS, CAREER DAYS, JOB SHADOWING AND INTERNSHIPS WITH LOCAL SCHOOLS, MEDICAL OUTREACH TO HOMELESS POPULATIONS, A MEDICAL LIBRARY OPEN TO THE PUBLIC, FREE HEART SCREENINGS FOR YOUTH, FREE MAMMOGRAMS FOR THOSE IN NEED, AND A STOP THE BLEED TRAINING PROGRAM FOR THE COMMUNITY NUMEROUS PHYSICIANS, NURSES, RESIDENTS AND EMPLOYEES OF BEAUMONT VOLUNTEER IN THE COMMUNITY IN ADDITION TO SERVING ON LOCAL COMMITTEES, TASK FORCES, COALITIONS, AND BOARDS THAT ARE RELATED TO HEALTH AND HEALTH NEEDS</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>BEAUMONT HEALTH ("THE SYSTEM"), THE SOLE MEMBER OF WILLIAM BEAUMONT HOSPITAL, IS A MICHIGAN NONPROFIT CORPORATION HEALTH CARE NETWORK THAT WAS FORMED IN 1955, AND IS MICHIGAN'S LARGEST HEALTH CARE SYSTEM BASED ON INPATIENT ADMISSIONS AND NET PATIENT REVENUE. IN 2018 THE SYSTEM WAS COMPRISED OF 3,429 LICENSED BEDS AND 174 OTHER AMBULATORY PATIENT CARE SITES, DEDICATED TO ADVANCING QUALITY OF CARE AND ACCESS TO CARE THROUGHOUT WAYNE OAKLAND AND MACOMB COUNTIES IN SOUTHEAST MICHIGAN. THE SYSTEM PROVIDES A CONTINUUM OF CARE AS AN INTEGRATED HEALTH CARE DELIVERY SYSTEM. THE SYSTEM'S SERVICES INCLUDE INPATIENT AND OUTPATIENT SERVICES, LONG-TERM CARE, SENIOR AND ASSISTED LIVING, REHABILITATION SERVICES, HOME-HEALTH CARE, AND OTHER HEALTH-RELATED ACTIVITIES. THE SYSTEM OWNS AND OPERATES EIGHT NONPROFIT ACUTE CARE HOSPITALS, INCLUDING ASSISTED AND INDEPENDENT LIVING CENTERS, NURSING HOMES, CERTIFIED HOME HEALTH AGENCIES, AMBULATORY CARE FACILITIES, A FOR PROFIT COMPANY ENGAGED IN HEALTH-RELATED BUSINESSES, AND VARIOUS OTHER HEALTH CARE ENTITIES. ALL SUBSIDIARIES ARE GOVERNED AND RELATED THROUGH COMMON CONTROL. SUBSTANTIALLY, ALL EXPENSES OF THE SYSTEM ARE RELATED TO PROVIDING HEALTH CARE SERVICES. THE SYSTEM'S MEMBERS INCLUDE WILLIAM BEAUMONT HOSPITAL, OAKWOOD HEALTHCARE, INC., AND BOTSFORD GENERAL HOSPITAL. IN ADDITION, THE SYSTEM OPERATES ONE OFFSHORE CAPTIVE INSURANCE COMPANY WHICH IS A WHOLLY-OWNED SUBSIDIARY OF THE SYSTEM AND PROVIDES PROFESSIONAL AND GENERAL LIABILITY COVERAGE TO THE SYSTEM ITS AFFILIATES AND VOLUNTARY MEDICAL STAFF. IN 2018, THE SYSTEM HAD \$4.4 BILLION IN NET REVENUE WITH 178,094 INPATIENT ADMISSIONS, 17,799 BIRTHS, AND 572,582 EMERGENCY VISITS. THIS IS MADE POSSIBLE BY THE NEARLY 5,000 PHYSICIANS AND 43,582 EMPLOYEES THAT WORK FOR THE SYSTEM, AND THE 3,499 VOLUNTEERS THAT DONATE THEIR TIME TO THE SYSTEM. IN ORDER TO PROMOTE THE HEALTH OF THE COMMUNITIES SERVED, THE SYSTEM HAS RESPONDED TO THE NEEDS OF THE COMMUNITIES AND INVESTED IN PROGRAMS TO IMPROVE THE HEALTH AND WELL-BEING OF THE NEIGHBORHOODS IN WHICH IT LIVES AND SERVES, BUILDING ON A NATIONAL REPUTATION FOR CLINICAL EXCELLENCE. THE SYSTEM IS COMMITTED TO ENHANCING PUBLIC AWARENESS THROUGH A VARIETY OF COMMUNITY OUTREACH ACTIVITIES AND INITIATIVES THAT RELATE TO THE FOLLOWING: - HEALTH PROMOTION, WELLNESS, AND DISEASE PREVENTION, - EVENTS THAT SUPPORT COMMUNITY ENGAGEMENT, EDUCATION, DIVERSITY, AND CULTURAL ARTS RELATING TO IMPROVING THE PATIENT EXPERIENCE AT THE SYSTEM'S EIGHT HOSPITAL LOCATIONS, AND - EVENTS AND ORGANIZATIONS THAT HELP THE SYSTEM ATTAIN COMMUNITY HEALTH NEEDS ASSESSMENT GOALS. THE SYSTEM HAS A DEEP COMMITMENT TO PROVIDE THE HIGHEST QUALITY HEALTH CARE SERVICES TO ALL OF ITS PATIENTS SAFELY EFFECTIVELY AND COMPASSIONATELY, REGARDLESS OF WHERE THEY LIVE OR THEIR FINANCIAL CIRCUMSTANCES. SOME OUTREACH PROGRAMS IN THE COMMUNITIES IT SERVES ARE BEREAVEMENT SUPPORT GROUPS, CAR SEAT SAFETY CHECKS, GUIDED MEDITATION, COOKING CLASSES FOR KIDS, AND CONCERTS FOR "THE ART OF HEALING" AS WELL AS SPONSORSHIP OF WALKS FOR EASTER SEALS WALK WITH ME AND AIDS WALK DETROIT.</p>
PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT	MI

Additional Data

Software ID:  
Software Version:  
EIN: 38-1459362  
Name: WILLIAM BEAUMONT HOSPITAL

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
1	BEAUMONT HOSPITAL ROYAL OAK 3601 WEST THIRTEEN MILE ROYAL OAK, MI 48073 WWW.BEAUMONT.ORG 630030	X	X	X	X		X	X			A
2	BEAUMONT HOSPITAL TROY 44201 DEQUINDRE TROY, MI 48085 WWW.BEAUMONT.ORG 630160	X	X		X			X			A
3	BEAUMONT HOSPITAL GROSSE POINTE 468 CADIEUX GROSSE POINTE, MI 48230 WWW.BEAUMONT.ORG 820030	X	X		X			X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A



Form 990 Part V Section C Supplemental Information for Part V, Section B.	
<b>Section C. Supplemental Information for Part V, Section B.</b> Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 BEAUMONT HOSPITAL, ROYAL OAK, - FACILITY 2 BEAUMONT HOSPITAL, TROY, - FACILITY 3 BEAUMONT HOSPITAL, GROSSE POINTE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- BEAUMONT HOSPITAL, ROYAL OAK PART V, SECTION B, LINE 5	THE 2016 CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED FOR EACH OF THE BEAUMONT HEALTH HOSPITAL COMMUNITIES TO PROVIDE QUALITATIVE INFORMATION FOR THE CHNA PARTICIPANTS INCLUDED COMMUNITY LEADERS, COMMUNITY RESIDENTS, PUBLIC HEALTH EXPERTS, NONPROFITS AND THOSE REPRESENTING THE NEEDS OF INDIVIDUALS WITH CHRONIC DISEASES, MINORITY, UNDERSERVED AND INDIGENT POPULATIONS IN ADDITION, BEAUMONT PHYSICIANS, NURSES, HOSPITAL LEADERSHIP AND CHRONIC DISEASE EXPERTS PARTICIPATED IN THE INTERVIEW AND FOCUS GROUP PROCESS FOR A COMPLETE LISTING OF PARTICIPANTS PLEASE VISIT BEAUMONT.ORG/CHNA THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS GLEANERS COMMUNITY FOOD BANK OF SE MICHIGAN DEARBORN PUBLIC SCHOOLS HEALTHY DEARBORN COALITION CITY OF DEARBORN RIVER ROUGE SCHOOL DISTRICT CITY OF DEARBORN AND RECREATION AMERICAN HEART ASSOCIATION NATIONAL KIDNEY FOUNDATION OF MICHIGAN TAYLOR SCHOOL DISTRICT HEALTHY TAYLOR COALITION CITY OF TAYLOR CITY OF TAYLOR PARKS AND RECREATION DOWNRIVER FAMILY YMCA CITY OF TRENTON PARKS AND RECREATION TRENTON PUBLIC SCHOOLS HEALTHY TRENTON COALITION CITY OF TRENTON WAYNE COUNTY PARKS TRAFFIC SAFETY COMMISSION WESTWOOD COMMUNITY SCHOOL DISTRICT HEALTHY WAYNE COALITION WAYNE-WESTLAND COMMUNITY SCHOOLS CITY OF WAYNE WAYNE CHAMBER OF COMMERCE ROMULUS COMMUNITY SCHOOLS EDEL & ELEANOR FORD HOUSE, GROSSE POINTE SHORESCITY OF ROYAL OAK MEMORIAL PARKORION TOWNSHIP COMMUNITY CENTER UNITED SHORE PROFESSIONAL BASEBALL LEAGUE CITY OF STERLING HEIGHTS TROY SCHOOL DISTRICT FARMINGTON FARMERS MARKET CITY OF FARMINGTON HILLS CITY OF FARMINGTON HILLS PARKS COMMUNITY ORGANIZATIONS FARMINGTON PUBLIC SCHOOLS FARMINGTON HILLS FIRE DEPARTMENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- BEAUMONT HOSPITAL, ROYAL OAK PART V, SECTION B, LINE 6A	BEAUMONT HEALTH CONDUCTED THE CHNA FOR THE COMMUNITIES SERVED BY BEAUMONT HOSPITAL DEARBORN, BEAUMONT HOSPITAL FARMINGTON HILLS, BEAUMONT HOSPITAL GROSSE POINTE, BEAUMONT HOSPITAL ROYAL OAK, BEAUMONT HOSPITAL TAYLOR, BEAUMONT HOSPITAL TRENTON, BEAUMONT HOSPITAL TROY AND BEAUMONT HOSPITAL WAYNE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- BEAUMONT HOSPITAL, ROYAL OAK PART V, SECTION B, LINE 7D	THE CHNA AND IMPLEMENTATION STRATEGIES ARE POSTED ON THE BEAUMONT HEALTH WEBSITE AT BEAUMONT.ORG/CHNA. IT WAS ALSO SHARED WITH ALL ORGANIZATIONS AND PARTICIPANTS WHO PARTICIPATED IN THE INTERVIEWS AND FOCUS GROUPS, DISTRIBUTED INTERNALLY TO BEAUMONT LEADERS AND STAFF, GIVEN TO THE BEAUMONT BOARD OF DIRECTORS, BEAUMONT COMMUNITY ADVISORY BOARDS, AND GIVEN TO THE COMMUNITY MEMBERS WHO ARE ENGAGED IN THE COMMUNITY COALITIONS OF BEAUMONT. COPIES ARE ALSO AVAILABLE UPON REQUEST AT NO CHARGE.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- BEAUMONT HOSPITAL, ROYAL OAK PART V, SECTION B, LINE 11	<p>THE 2016 CHNA FOR BEAUMONT HOSPITAL, ROYAL OAK (BEAUMONT, ROYAL OAK) IDENTIFIED THREE PRIORITY HEALTH NEEDS TO BE ADDRESSED THE IMPLEMENTATION STRATEGY FOR BEAUMONT HOSPITAL ROYAL , OAK FOCUSED ON THE PRIORITY HEALTH NEEDS OF CARDIOVASCULAR DISEASE, DIABETES AND OBESITY THE HEALTH NEEDS OF SUBSTANCE ABUSE, MENTAL HEALTH, ACCESS TO CARE, AND PREVENTIVE CARE OF SCREENINGS AND VACCINATIONS WERE NOT ADDRESSED AS THEY DID NOT FALL WITHIN THE CRITERIA OF THE PRIORITIZATION PROCESS (RESOURCES, PARTNERSHIPS, INFRASTRUCTURE, AND FUNDING AVAILABLE) A SUMMARY OF THE PROGRESS ON THE ACTIONS TO ADDRESS THE PRIORITY HEALTH NEEDS SELECTED IS AS FOLLOWS PRIORITY 1 CARDIOVASCULAR DISEASEBEAUMONT, ROYAL OAK OFFERED "FOOD FOR THE HEART" CLASSES TO THE COMMUNITY THIS PROGRAM HELPS PARTICIPANTS TO LOWER CHOLESTEROL/ TRIGLYCERIDES, BLOOD PRESSURE AND TO LOSE WEIGHT - ALL RISK FACTORS FOR CARDIOVASCULAR DISEASE IN 2018, 61 INDIVIDUALS PARTICIPATED IN THE PROGRAM BEAUMONT, ROYAL OAK OFFERS "BECOME SMOKE FREE" TO ASSIST INDIVIDUALS IN THEIR EFFORTS TO QUIT SMOKING THE SEVEN-WEEK PROGRAM IS LED BY A TREATMENT SPECIALIST IN A SUPPORTIVE ENVIRONMENT TO HELP PARTICIPANTS TO STOP SMOKING THE PROGRAM FOCUSES ON RISKS ASSOCIATED WITH TOBACCO USE, PHYSICAL AND PSYCHOLOGICAL DEPENDENCE ON SMOKING, EXPLORING PERSONAL REASONS FOR SMOKING AND STRATEGIES TO MANAGE THE SIDE EFFECTS OF QUITTING LIFESTYLE CHANGES ARE ALSO INCORPORATED INTO THIS PROGRAM FOR POST PROGRAM MANAGEMENT OF A SMOKE FREE LIFE THE PROGRAM INCLUDES A ONE, THREE, SIX AND 12-MONTH FOLLOW UP BY A RESPIRATORY THERAPIST DURING 2018, 43 PARTICIPANTS COMPLETED THE PROGRAM BEAUMONT HOSPITAL, ROYAL OAK OFFERED MINDFULNESS PROGRAMS AS A MEANS OF ENHANCING SELF-AWARENESS AND THE CAPACITY TO MANAGE DISTRESSING EMOTIONS BENEFITS OF THE "MINDFULNESS BASED STRESS REDUCTION" PROGRAMS INCLUDE REDUCTION OF ANXIETY AND STRESS AND LOWERING BLOOD PRESSURE, WHICH IS A RISK FACTOR FOR CARDIOVASCULAR DISEASE DURING 2018, 52 PEOPLE PARTICIPATED IN ONE OF THREE OFFERED 8 WEEK STRESS REDUCTION COURSES AND 45 INDIVIDUALS PARTICIPATED IN ONE OF THREE HALF DAY STRESS REDUCTION RETREATS BEAUMONT, ROYAL OAK OFFERED THE "WELL PROGRAM" (WOMEN EXERCISING TO LIVE LONGER) THE SIX-MONTH EXERCISE AND RISK REDUCTION PROGRAM HELPS WOMEN REDUCE THEIR LIKELIHOOD OF DEVELOPING HEART DISEASE AND PREVENT FUTURE CARDIAC EVENTS BY HELPING REDUCE THE RISK FACTORS, SEDENTARY LIFESTYLE AND OBESITY DURING 2018, 130 WOMEN PARTICIPATED AND COMPLETED ASSESSMENTS BEAUMONT, ROYAL OAK PROVIDED THE "GUIDING HEARTS SUPPORT GROUP" WHICH OFFERS SUPPORT FOR PATIENTS, FAMILIES AND COMMUNITY MEMBERS DEALING WITH HEART HEALTH ISSUES THROUGH EDUCATION AND PROVIDING A CARING ENVIRONMENT DURING 2018, 167 PEOPLE PARTICIPATED IN THE SUPPORT GROUP EDUCATION ON CARDIOVASCULAR HEALTH IS PROVIDED TO COMMUNITY GROUPS THROUGH THE BEAUMONT SPEAKERS BUREAU AND AT ADDITIONAL EVENTS THROUGHOUT THE ROYAL OAK SERVICE AREA DURING 2018, EDUCATION ON CARDIOVASCULAR HEALTH WAS PROVIDED</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- BEAUMONT HOSPITAL, ROYAL OAK PART V, SECTION B, LINE 11	D TO 490 ATTENDEES BEAUMONT, ROYAL OAK OFFERS FREE BLOOD PRESSURE CHECKS AND APPROPRIATE E DUCATION THROUGHOUT THE COMMUNITY AT EVENTS SUCH AS FARMERS MARKETS, HEALTH FAIRS AND MORE IN 2018, 373 PEOPLE RECEIVED A BLOOD PRESSURE CHECK AND APPROPRIATE EDUCATION BEAUMONT, ROYAL OAK OFFERS THE "HEART HEALTH SCREENINGS" WHICH INCLUDES BLOOD PRESSURE, CHOLESTEROL AND GLUCOSE CHECKS AT COMMUNITY LOCATIONS TO IDENTIFY AND COUNSEL INDIVIDUALS WITH ELEVATE D LEVELS IN 2018, 155 PEOPLE RECEIVED ALL THREE TESTS WITHIN THE HEART HEALTH SCREENING B EAUMONT, ROYAL OAK OFFERS THE STUDENT HEART CHECK TO HIGH SCHOOL STUDENTS, AGES 13-18, IN AN EFFORT TO DETECT ABNORMAL HEART STRUCTURE OR ABNORMAL RHYTHMS AND PREVENT SUDDEN CARDIA C ARREST TEST RESULTS ARE REVIEWED WITH PARENTS AND, IF INDICATED, FOLLOW UP IS SUGGESTED DURING 2018, 770 STUDENTS WERE SCREENED FOR HEART ABNORMALITIES IN THE ROYAL OAK HOSPITA L SERVICE AREA BEAUMONT, ROYAL OAK OFFERS 7 FOR \$70 HEART AND VASCULAR SCREENINGS FOR ADUL TS TO IDENTIFY RISK FACTORS IN CARDIOVASCULAR DISEASE SEVEN TESTS ARE OFFERED FOR \$70 INC LUDING BLOOD TESTS, ARTERY TESTING, EKG AND LIFE STYLE ARE EXAMINED TO RECOMMEND A COURSE OF ACTION FOR IMPROVED HEART AND VASCULAR HEALTH THERE WERE 977 SCREENINGS PROVIDED IN 20 18 PRIORITY 2 DIABETESTHE NATIONAL DIABETES PREVENTION PROGRAM (DPP) WAS PROVIDED THROUGH PARTNERSHIPS WITH COMMUNITY CENTERS, SENIOR CETNERS AND OTHER COMMUNITY ORGANIZATIONS TH IS IS A 12 MONTH LIFESTYLE CHANGE PROGRAM THAT CONCENTRATES ON WEIGHT LOSS TACTICS AND INC REASED PHYSICAL ACTIVITY TO PREVENT TYPE 2 DIABETES IN THOSE AT RISK PARTICIPANTS ATTEND CLASS ONCE A WEEK FOR THE FIRST 16 WEEKS OF THE PROGRAM, TRANSITIONING TO MONTHLY SESSIONS FOR THE FINAL SIX MONTHS DURING 2018, 42 PEOPLE PARTICIPATED IN DPP AND ADDITIONAL PROGR AM DATA WILL BE COLLECTED IN 2019 AS COHORTS ARE COMPLETED BEAUMONT, ROYAL OAK PARTNERED W ITH LIBRARIES, SENIOR CENTERS AND COMMUNITY ORGANIZATIONS TO OFFER "DIABETES PATH" (PERSON AL ACTION TOWARD HEALTH) PROGRAMS DESIGNED TO HELP PEOPLE LIVING WITH (OR AT HIGH-RISK) OF DIABETES THE PROGRAM INCLUDES SIX-WEEK WORKSHOPS IN WHICH PARTICIPANTS LEARN SELF-MANAGE MENT INCLUDING MAKING ACTION PLANS, THE IMPORTANCE OF BALANCING AND MONITORING THEIR BLOOD SUGAR, COMMUNICATION WITH FAMILY/CAREGIVERS AND HEALTH PROVIDER AND MANAGING STRESS TO IN CREASE THEIR OVERALL HEALTH DURING 2018, 22 PEOPLE PARTICIPATED IN DIABETES PATH AND 15 G RADUATES COMPLETED FOUR OR MORE SESSIONS WHILE PROVIDING OUTCOME MEASURES BEAUMONT, ROYAL OAK OFFERED "COOKING MATTERS EXTRA FOR DIABETES" IN PARTNERSHIP WITH GLEANERS FOOD BANK THIS PROGRAM INCLUDES SIX WEEK WORKSHOPS IN WHICH PARTICIPANTS ARE EQUIPPED WITH KNOWLEDGE AND SKILLS NEEDED TO SHOP AND PREPARE HEALTHY MEALS ON A BUDGET, WITH AN EMPHASIS ON APPR OPRIATE FOOD FOR THOSE AT RISK OF OR DEALING WITH DIABETES IN 2018, 38 PEOPLE PARTICIPATE D IN THE PROGRAM AND 30 GRADUATED EDUCATION ON DIABETES IS PROVIDED TO COMMUNITY GROUPS AN D INDIVIDUALS THROUGH THE BEAU

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 1 -- BEAUMONT HOSPITAL, ROYAL OAK PART V, SECTION B, LINE 11	<p>MONT SPEAKERS BUREAU AND AT ADDITIONAL EVENTS THROUGHOUT THE ROYAL OAK SERVICE AREA DURING 2018, EDUCATION ON DIABETES WAS PROVIDED TO 381 PEOPLE A DIABETES SUPPORT GROUP PROVIDES MONTHLY SESSIONS DESIGNED TO IMPROVE DIABETES SELF-MANAGEMENT FOR ADULTS WITH DIABETES AND THEIR CAREGIVERS DURING 2018, THE GROUP PROVIDED HELP TO 53 PARTICIPANTS PRIORITY 3 OBESITYBEAUMONT, ROYAL OAK PROVIDED HANDS-ON COOKING CLASSES TO CHILDREN 6 YEARS AND OLDER THROUGH THE WEIGHT CONTROL CENTER THIS INCLUDED JUST A COOKING CLASS, AS WELL AS A SEPARATE GARDENING AND COOKING CLASS THE CLASSES WERE LED BY A REGISTERED DIETITIAN TO AID IN UNDERSTANDING NUTRITION AND HEALTHY MEAL PREPARATION DURING 2018, 90 CHILDREN PARTICIPATED IN THE COOKING CLASS, AN ADDITIONAL 16 KIDS PARTICIPATED IN THE GARDENING AND COOKING CLASSES FOR 106 CHILDREN TOTAL BEAUMONT, ROYAL OAK OFFERED COOKING MATTERS FOR ADULTS, COOKING MATTERS FOR TEENS AND COOKING MATTERS AT THE STORE THESE ARE SIX WEEK WORKSHOPS AND SINGLE SESSION STORE TOURS FOR ADULTS AND TEENS TO EQUIP FAMILIES WITH THE KNOWLEDGE AND SKILLS THEY NEED TO SHOP FOR AND PREPARE HEALTHY MEALS ON A BUDGET IN 2018, 89 PEOPLE PARTICIPATED IN COOKING MATTERS FOR ADULTS, AND 86 GRADUATED, 84 STUDENTS PARTICIPATED IN COOKING MATTERS FOR TEENS, AND 73 GRADUATED, 48 PEOPLE PARTICIPATED IN SINGLE SESSION GROCERY STORE TOURS IN ADDITION TO COOKING MATTERS GROCERY STORE TOURS, BEAUMONT, ROYAL OAK NUTRITION SERVICES OFFERED FOCUSED SINGLE SESSION GROCERY STORE TOURS ON DIABETES, HEART HEALTH, AND WEIGHT MANAGEMENT IN 2018, 41 PEOPLE PARTICIPATED IN THE GROCERY STORE TOURS EDUCATION ON HEALTHY EATING, FITNESS AND WEIGHT MANAGEMENT WAS PROVIDED THROUGH THE BEAUMONT SPEAKERS BUREAU ALONG WITH ADDITIONAL COMMUNITY EVENTS AND VENUES DURING 2018, EDUCATION ON OBESITY PREVENTION WAS PROVIDED TO 1,694 PEOPLE IN THE ROYAL OAK SERVICE AREA BEAUMONT CHILDREN'S PROVIDED CHILDREN WITH SPECIAL NEEDS FROM THROUGHOUT METRO DETROIT CUSTOM-BUILT BICYCLES, AT NO CHARGE, TO PROMOTE AND ENCOURAGE PHYSICAL ACTIVITY FOR CHILDREN WITH SPECIAL NEEDS IN 2018, 56 BIKES WERE DISTRIBUTED IN 2018, BEAUMONT, ROYAL OAK EXPANDED THE "BEAUMONT GETS WALKING" PROGRAMS WITH THE MISSION OF IMPROVING HEALTH, FITNESS AND QUALITY OF LIFE THROUGH DAILY PHYSICAL ACTIVITY THE WALKING PROGRAMS INCLUDED NEIGHBORHOOD WALKING GROUPS, WALK WITH A DOC AND THE UTILIZATION OF THE CARROT APP IN 2018, NEIGHBORHOOD WALKING GROUPS IN COLLABORATION WITH OAKLAND MALL HAD 63 COMMUNITY WALKERS, WALK WITH A DOC PROGRAMS WERE HOSTED IN ROYAL OAK AND BERKLEY, TOTALLING 6 EVENTS WITH 48 TOTAL PARTICIPANTS, AND 339 PEOPLE WERE UTILIZING THE CARROT APP IN THE ROYAL OAK SERVICE AREA</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BEAUMONT HOSPITAL, TROY PART V, SECTION B, LINE 5	THE 2016 CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED FOR EACH OF THE BEAUMONT HEALTH HOSPITAL COMMUNITIES TO PROVIDE QUALITATIVE INFORMATION FOR THE CHNA PARTICIPANTS INCLUDED COMMUNITY LEADERS, COMMUNITY RESIDENTS, PUBLIC HEALTH EXPERTS, NONPROFITS AND THOSE REPRESENTING THE NEEDS OF INDIVIDUALS WITH CHRONIC DISEASES, MINORITY, UNDERSERVED AND INDIGENT POPULATIONS IN ADDITION, BEAUMONT PHYSICIANS, NURSES, HOSPITAL LEADERSHIP AND CHRONIC DISEASE EXPERTS PARTICIPATED IN THE INTERVIEW AND FOCUS GROUP PROCESS FOR A COMPLETE LISTING OF PARTICIPANTS PLEASE VISIT BEAUMONT.ORG/CHNA THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS GLEANERS COMMUNITY FOOD BANK OF SE MICHIGAN DEARBORN PUBLIC SCHOOLS HEALTHY DEARBORN COALITION CITY OF DEARBORN RIVER ROUGE SCHOOL DISTRICT CITY OF DEARBORN AND RECREATION AMERICAN HEART ASSOCIATION NATIONAL KIDNEY FOUNDATION OF MICHIGAN TAYLOR SCHOOL DISTRICT HEALTHY TAYLOR COALITION CITY OF TAYLOR CITY OF TAYLOR PARKS AND RECREATION DOWNRIVER FAMILY YMCA CITY OF TRENTON PARKS AND RECREATION TRENTON PUBLIC SCHOOLS HEALTHY TRENTON COALITION CITY OF TRENTON WAYNE COUNTY PARKS TRAFFIC SAFETY COMMISSION WESTWOOD COMMUNITY SCHOOL DISTRICT HEALTHY WAYNE COALITION WAYNE-WESTLAND COMMUNITY SCHOOLS CITY OF WAYNE WAYNE CHAMBER OF COMMERCE ROMULUS COMMUNITY SCHOOLS EDELS & ELEANOR FORD HOUSE, GROSSE POINTE SHORESCITY OF ROYAL OAK MEMORIAL PARKORION TOWNSHIP COMMUNITY CENTER UNITED SHORE PROFESSIONAL BASEBALL LEAGUE CITY OF STERLING HEIGHTS TROY SCHOOL DISTRICT FARMINGTON FARMERS MARKET CITY OF FARMINGTON HILLS CITY OF FARMINGTON HILLS PARKS COMMUNITY ORGANIZATIONS FARMINGTON PUBLIC SCHOOLS FARMINGTON HILLS FIRE DEPARTMENT



**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BEAUMONT HOSPITAL, TROY PART V, SECTION B, LINE 6A	BEAUMONT HEALTH CONDUCTED THE CHNA FOR THE COMMUNITIES SERVED BY BEAUMONT HOSPITAL DEARBORN, BEAUMONT HOSPITAL FARMINGTON HILLS, BEAUMONT HOSPITAL GROSSE POINTE, BEAUMONT HOSPITAL ROYAL OAK, BEAUMONT HOSPITAL TAYLOR, BEAUMONT HOSPITAL TRENTON, BEAUMONT HOSPITAL TROY AND BEAUMONT HOSPITAL WAYNE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BEAUMONT HOSPITAL, TROY PART V, SECTION B, LINE 7D	THE CHNA AND IMPLEMENTATION STRATEGIES ARE POSTED ON THE BEAUMONT HEALTH WEBSITE AT BEAUMONT.ORG/CHNA IT WAS ALSO SHARED WITH ALL ORGANIZATIONS AND PARTICIPANTS WHO PARTICIPATED IN THE INTERVIEWS AND FOCUS GROUPS, DISTRIBUTED INTERNALLY TO BEAUMONT LEADERS AND STAFF, GIVEN TO THE BEAUMONT BOARD OF DIRECTORS, BEAUMONT COMMUNITY ADVISORY BOARDS, AND GIVEN TO THE COMMUNITY MEMBERS WHO ARE ENGAGED IN THE COMMUNITY COALITIONS OF BEAUMONT COPIES ARE ALSO AVAILABLE UPON REQUEST AT NO CHARGE

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BEAUMONT HOSPITAL, TROY PART V, SECTION B, LINE 11	<p>THE 2016 CHNA FOR BEAUMONT HOSPITAL TROY (BEAUMONT TROY) IDENTIFIED THREE PRIORITY HEALTH NEEDS TO BE ADDRESSED THE IMPLEMENTATION STRATEGY FOR BEAUMONT HOSPITAL TROY FOCUSED ON T HE PRIORITY HEALTH NEEDS OF CARDIOVASCULAR DISEASE, DIABETES AND OBESITY THE HEALTH NEEDS OF SUBSTANCE ABUSE, MENTAL HEALTH, ACCESS TO CARE, AND PREVENTIVE CARE OF SCREENINGS AND VACCINATIONS WERE NOT ADDRESSED AS THEY DID NOT FALL WITHIN THE CRITERIA OF THE PRIORITIZA TION PROCESS (RESOURCES, PARTNERSHIPS, INFRASTRUCTURE, AND FUNDING AVAILABLE) A SUMMARY O F THE PROGRESS ON THE ACTIONS TO ADDRESS THE PRIORITY HEALTH NEEDS SELECTED IS AS FOLLOWS PRIORITY 1 CARDIOVASCULAR DISEASEIN 2018, "FOOD FOR THE HEART" CLASSES WAS OFFERED TO THE COMMUNITY BY BEAUMONT TROY PART I HELPS PARTICIPANTS TO LOWER CHOLESTEROL/TRIGLYCERIDES, BLOOD PRESSURE AND LOSE WEIGHT, ALL RISK FACTORS FOR CARDIOVASCULAR DISEASE PART II INCL UDES EDUCATION ON THE IMPACT OF SODIUM AND VITAMINS TO THE HEART TOGETHER WITH HEALTHY DEC ISIONS FOR DINING OUT SIX CLASSES WERE HELD WITH 53 PARTICIPANTS BEAUMONT TROY OFFERED " MINDFULNESS BASED STRESS REDUCTION" CLASSES TO THE COMMUNITY AS A MEANS OF ENHANCING SELF- AWARENESS AND THE CAPACITY TO MANAGE DISTRESSING EMOTIONS BENEFITS OF THE MINDFULNESS PRO GRAM INCLUDE REDUCTION OF ANXIETY AND STRESS AND LOWERING BLOOD PRESSURE WHICH IS A RISK F ACTOR FOR CARDIOVASCULAR DISEASE A TOTAL OF 97 INDIVIDUALS ATTENDED THIS CLASS IN 2018 TH ROUGH THE AMERICAN ACADEMY OF FAMILY PHYSICIANS, BEAUMONT TROY TEACHES "TAR WARS, A TOBACC O-FREE EDUCATION PROGRAM TO ELEMENTARY SCHOOL CHILDREN THIS PROGRAM FOCUSES ON THE DANGER S OF TOBACCO USE AND IS INSTRUMENTAL IN DECREASING THE USE OF TOBACCO AMONG PRE-TEENS IN H OPES OF REDUCING A RISK FACTOR FOR CARDIOVASCULAR DISEASE DURING 2018, PHYSICIANS AND RES IDENTS FROM THE TROY FAMILY MEDICINE CLINIC VISITED 10 SCHOOLS WHERE 600 STUDENTS WERE INT RODUCED TO THE PROGRAM EDUCATION ON CARDIOVASCULAR DISEASE, RISK FACTORS, HEART HEALTH, T REATMENT OPTIONS AND CPR IS PROVIDED THROUGH THE BEAUMONT SPEAKERS BUREAU DURING 2018 EDU CATION ON CARDIOVASCULAR HEALTH WAS PROVIDED TO 48 PARTICIPANTS IN PARTNERSHIP WITH BRUCE AND SHELBY TOWNSHIP FIRE HOUSE SUPPORT GROUPS ARE OFFERED WITH MONTHLY MEETINGS FOR EDUCA TION AND SUPPORT OF COMMUNITY GROUPS APHASIA SUPPORT GROUP INCREASES SELF-MANAGEMENT WITH EDUCATION ON CARDIOVASCULAR DISEASE, STROKE PREVENTION AND STROKE RECOVERY CANE AND ABLE STROKE SUPPORT GROUP PROVIDES EDUCATION ON CARDIOVASCULAR DISEASE AND STROKE PREVENTION W HILE HELPING POST-STROKE INDIVIDUALS HELP WITH RE-ENTRY INTO THE COMMUNITY DURING 2018, 4 08 ADULTS PARTICIPATED IN THE CANE AND ABLE STROKE GROUP GUIDING HEART SUPPORT GROUP PROV IDES ADULTS WHO HAVE HEART DISEASE AND OTHER HEART-RELATED HEALTH ISSUES A HOLISTIC APPROA CH TO ENHANCE THEIR QUALITY OF LIFE PHYSICIANS AND OTHER SPEAKERS ARE SCHEDULED TO SPEAK TO THE GROUP EACH MONTH DURING 2018, BEAUMONT TROY ENGAGED COMMUNITY MEMBERS ON HEART HEA LTH THROUGH THE HOSPITAL "KEEP</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BEAUMONT HOSPITAL, TROY PART V, SECTION B, LINE 11	<p>ING THE BEAT" COMMUNITY EVENT EDUCATING 80 COMMUNITY MEMBERS AND IN PARTNERSHIP WITH STERLING HEIGHTS SENIOR EXPO BENEFITTING 100 COMMUNITY MEMBERS THE STUDENT HEART SCREENING PROGRAM IS OFFERED TO HIGH STUDENTS, AGES 13-18, TO DETECT ABNORMAL HEART STRUCTURE OR ABNORMAL RHYTHMS AND PREVENT SUDDEN CARDIAC ARREST TEST RESULTS ARE REVIEWED WITH PARENTS AND, IF INDICATED, FOLLOW UP IS SUGGESTED DURING 2018, 230 STUDENTS WERE SCREENED FOR HEART ABNORMALITIES IN THE TROY HOSPITAL SERVICE AREA BEAUMONT TROY OFFERS 7 FOR \$70 HEART AND VASCULAR SCREENINGS FOR ADULTS TO IDENTIFY RISK FACTORS IN CARDIOVASCULAR DISEASE SEVEN TESTS ARE OFFERED FOR \$70 INCLUDING BLOOD TESTS, ARTERY TESTING, EKG AND LIFESTYLE IS EXAMINED TO RECOMMEND A COURSE OF ACTION FOR IMPROVED HEART AND VASCULAR HEALTH THERE WERE 1,740 7 FOR \$70 SCREENINGS PROVIDED IN 2018 PRIORITY 2 DIABETESIN 2018, BEAUMONT TROY PROVIDED A MONTHLY DIABETES SUPPORT GROUP DESIGNED TO IMPROVE DIABETES SELF-MANAGEMENT FOR ADULTS WITH DIABETES AND THEIR CAREGIVERS BEAUMONT TROY PARTNERED WITH COMMUNITY LOCATIONS SUCH AS, LIBRARIES, SENIOR CENTERS AND COMMUNITY CENTERS TO OFFER "DIABETES PATH" (PERSONAL ACTION TOWARD HEALTH) PROGRAMS DESIGNED TO HELP PEOPLE LIVING WITH (OR AT HIGH-RISK) OF DIABETES THE PROGRAM INCLUDES SIX-WEEK WORKSHOPS IN WHICH PARTICIPANTS LEARN SELF-MANAGEMENT INCLUDING MAKING ACTION PLANS, THE IMPORTANCE OF BALANCING AND MONITORING THEIR BLOOD SUGAR , COMMUNICATION WITH FAMILY/CAREGIVERS AND HEALTH PROVIDER AND MANAGING STRESS TO INCREASE THEIR OVERALL HEALTH DURING 2018, 49 PEOPLE PARTICIPATED IN DIABETES PATH AND 39 GRADUATES COMPLETED FOUR OR MORE SESSIONS WHILE PROVIDING OUTCOME MEASURES BEAUMONT TROY PARTNERED WITH COMMUNITY LOCATIONS SUCH AS, LIBRARIES, SENIOR CENTERS AND COMMUNITY CENTERS TO OFFER COOKING MATTER EXTRA FOR DIABETES THE PROGRAM PROVIDES A SIX-WEEK HANDS-ON WORKSHOP WITH SPECIALIZED RECIPES AND INFORMATION FOR ADULTS LIVING WITH DIABETES, AT HIGH-RISK, AND THEIR CAREGIVERS DURING 2018, 71 PEOPLE PARTICIPATED IN COOKING MATTERS EXTRA FOR DIABETES AND 57 GRADUATES COMPLETED FOUR OR MORE SESSIONS WHILE PROVIDING OUTCOME MEASURES THE NATIONAL DIABETES PREVENTION PROGRAM (DPP) WAS PROVIDED THROUGH PARTNERSHIPS WITH COMMUNITY CENTERS, SENIOR CENTERS AND OTHER COMMUNITY ORGANIZATIONS THIS IS A 12 MONTH LIFESTYLE CHANGE PROGRAM THAT CONCENTRATES ON WEIGHT LOSS TACTICS AND INCREASED PHYSICAL ACTIVITY TO PREVENT TYPE 2 DIABETES IN THOSE AT RISK PARTICIPANTS ATTEND CLASS ONCE A WEEK FOR THE FIRST 16 WEEKS OF THE PROGRAM, TRANSITIONING TO MONTHLY SESSIONS FOR THE FINAL SIX MONTHS DURING 2018, 39 PEOPLE PARTICIPATED IN DPP AND ADDITIONAL BEHAVIOR CHANGE DATA WILL BE COLLECTED IN 2019 AS PROGRAMS ARE COMPLETED DURING 2018, BEAUMONT TROY ENGAGED COMMUNITY MEMBERS ON DIABETES EDUCATION THROUGH A HOSPITAL LIVING WELL SERIES COMMUNITY EVENT EDUCATING 135 COMMUNITY MEMBERS THROUGH BEAUMONT SPEAKERS BUREAU AND HEALTH EVENTS 223 COMMUNITY MEMBERS BENEFITED FROM DIABETES ED</p>

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 2 -- BEAUMONT HOSPITAL, TROY PART V, SECTION B, LINE 11	<p>UCATION BEAUMONT IS COMMITTED TO IMPROVING THE LIVES OF CHILDREN WITH TYPE 1 DIABTES THRO UGH AN ON-LINE VIDEO, "MANAGING TYPE 1 DIABETES IN THE SCHOOL SETTING A GUIDE FOR NON-MED ICAL PERSONNEL IN SCHOOLS" THE VIDEO IS ACCOMPANIED WITH A STEP-BY-STEP GUIDE PRIORITY 3 OBESITYBEAUMONT TROY PROVIDED HANDS-ON COOKING CLASSES TO CHILDREN 6 YEARS AND OLDER THR OUGH THE WEIGHT CONTROL CENTER THE CLASSES WERE LED BY A REGISTERED DIETITIAN TO AID IN U NDERSTANDING NUTRITION AND HEALTHY MEAL PREPARATION DURING 2018, 76 CHILDREN PARTICIPATED IN THE CLASSES BEAUMONT TROY OFFERED COOKING MATTERS AT THE STORE THIS IS SINGLE SESSIO N STORE TOURS FOR ADULTS AND TEENS TO EQUIP FAMILIES WITH THE KNOWLEDGE AND SKILLS THEY NE ED TO SHOP FOR AND PREPARE HEALTHY MEALS ON A BUDGET IN 2018, 10 PEOPLE PARTICIPIATED IN C OOKING MATTERS AT THE STORE DURING 2018, BEAUMONT TROY ENGAGED COMMUNITY MEMBERS ON HEALTH Y EATING AND WEIGHT MANAGEMENT THROUGH A HOSPITAL LIVING WELL SERIES COMMUNITY EVENT EDUCA TING 75 COMMUNITY MEMBERS EDUCATION ON HEALTHY EATING, FITNESS AND WEIGHT MANAGEMENT WAS PROVIDED THROUGH THE BEAUMONT SPEAKERS BUREAU AND HEALTH EVENTS ON OBESITY PREVENTION WAS PROVIDED TO 270 PARTICIPANTS BEAUMONT CHILDREN'S PROVIDED CHILDREN WITH SPECIAL NEEDS FRO M THROUGHOUT METRO DETROIT CUSTOM-BUILT BICYCLES, AT NO CHARGE, TO PROMOTE AND ENCOURAGE P HYSICAL ACTIVITY FOR CHILDREN WITH SPECIAL NEEDS FROM THAT, 26 BIKES WERE DONATED DURING THE TROY EVENT THROUGH A COLLABORATION WITH THE LAKE ORION WELLNESS CENTER, BEAUMONT TROY PROVIDES AN ON-SITE WELLNESS LIAISON FOR SENIORS AND OTHER COMMUNITY MEMBERS PARTICIPANTS ARE PROVIDED HEALTH ASSESSMENTS, FALL PREVENTION, EDUCATION FOR HEALTH AND FITNESS AND RE COMMENDATIONS FOR CLASSES TO MAINTAIN PHYSICALLY ACTIVE LIVES THE LIAISON WORKED WITH 2,2 54 SENIORS DURING 2018 AS WELL AS PROVIDING BLOOD PRESSURE CHECKS FOR 707 INDIVIDUALS IN A COLLABORATION WITH A LOCAL MINOR LEAGUE BASEBALL, BEAUMONT TROY HOSTED A "FAMILY FUN DAY" AT THE STADIUM FOR CHILDREN WITH SPECIAL NEEDS BASEBALL PLAYERS PROVIDED MODIFIED SPORTS ACTIVITIES TO HELP INCREASE THE PHYSICAL WELL-BEING OF THESE CHILDREN 48 CHILDREN PARTIC IPATED IN 2018 IN 2018, BEAUMONT TROY EXPANDED THE "BEAUMONT GETS WALKING" PROGRAMS WITH THE MISSION OF IMPROVING HEALTH, FITNESS AND QUALITY OF LIFE THROUGH DAILY PHYSICAL ACTIVI TY TO HELP REDUCE CARDIOVASCULAR DISEASE THROUGH A HEALTHIER LIFESTYLE THE WALKING PROGRA MS INCLUDING NEIGHBORHOOD WALKING GROUPS, WALK WITH A DOC AND NEW IN 2018 THE UTILIZATION OF THE CARROT APP IN 2018, NEIGHBORHOOD WALKING GROUPS IN COLLABORATION WITH A SENIOR CEN TER AND MALL HAD 110 COMMUNITY WALKERS WALK WITH A DOC PROGRAMS WERE HOSTED IN STERLING H EIGHTS AND TROY, TOTALLING 3 EVENTS WITH 57 TOTAL PARTICIPIANTS THE CARROT APP ENGAGED ANO THER 279 WALKERS</p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- BEAUMONT HOSPITAL, GROSSE POINTE PART V, SECTION B, LINE 5	THE 2016 CHNA TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FACILITY, INCLUDING THOSE WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH INTERVIEWS AND FOCUS GROUPS WERE CONDUCTED FOR EACH OF THE BEAUMONT HEALTH HOSPITAL COMMUNITIES TO PROVIDE QUALITATIVE INFORMATION FOR THE CHNA PARTICIPANTS INCLUDED COMMUNITY LEADERS, COMMUNITY RESIDENTS, PUBLIC HEALTH EXPERTS, NONPROFITS AND THOSE REPRESENTING THE NEEDS OF INDIVIDUALS WITH CHRONIC DISEASES, MINORITY, UNDERSERVED AND INDIGENT POPULATIONS IN ADDITION, BEAUMONT PHYSICIANS, NURSES, HOSPITAL LEADERSHIP AND CHRONIC DISEASE EXPERTS PARTICIPATED IN THE INTERVIEW AND FOCUS GROUP PROCESS FOR A COMPLETE LISTING OF PARTICIPANTS PLEASE VISIT BEAUMONT.ORG/CHNA THE FOLLOWING CONTRIBUTED TO THE CHNA PROCESS AS COMMUNITY PARTNERS GLEANERS COMMUNITY FOOD BANK OF SE MICHIGAN DEARBORN PUBLIC SCHOOLS HEALTHY DEARBORN COALITION CITY OF DEARBORN RIVER ROUGE SCHOOL DISTRICT CITY OF DEARBORN AND RECREATION AMERICAN HEART ASSOCIATION NATIONAL KIDNEY FOUNDATION OF MICHIGAN TAYLOR SCHOOL DISTRICT HEALTHY TAYLOR COALITION CITY OF TAYLOR CITY OF TAYLOR PARKS AND RECREATION DOWNRIVER FAMILY YMCA CITY OF TRENTON PARKS AND RECREATION TRENTON PUBLIC SCHOOLS HEALTHY TRENTON COALITION CITY OF TRENTON WAYNE COUNTY PARKS TRAFFIC SAFETY COMMISSION WESTWOOD COMMUNITY SCHOOL DISTRICT HEALTHY WAYNE COALITION WAYNE-WESTLAND COMMUNITY SCHOOLS CITY OF WAYNE WAYNE CHAMBER OF COMMERCE ROMULUS COMMUNITY SCHOOLS EDEL & ELEANOR FORD HOUSE, GROSSE POINTE SHORESCITY OF ROYAL OAK MEMORIAL PARKORION TOWNSHIP COMMUNITY CENTER UNITED SHORE PROFESSIONAL BASEBALL LEAGUE CITY OF STERLING HEIGHTS TROY SCHOOL DISTRICT FARMINGTON FARMERS MARKET CITY OF FARMINGTON HILLS CITY OF FARMINGTON HILLS PARKS COMMUNITY ORGANIZATIONS FARMINGTON PUBLIC SCHOOLS FARMINGTON HILLS FIRE DEPARTMENT

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- BEAUMONT HOSPITAL, GROSSE POINTE PART V, SECTION B, LINE 6A	BEAUMONT HEALTH CONDUCTED THE CHNA FOR THE COMMUNITIES SERVED BY BEAUMONT HOSPITAL DEARBORN, BEAUMONT HOSPITAL FARMINGTON HILLS, BEAUMONT HOSPITAL GROSSE POINTE, BEAUMONT HOSPITAL ROYAL OAK, BEAUMONT HOSPITAL TAYLOR, BEAUMONT HOSPITAL TRENTON, BEAUMONT HOSPITAL TROY AND BEAUMONT HOSPITAL WAYNE

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- BEAUMONT HOSPITAL, GROSSE POINTE PART V, SECTION B, LINE 7D	THE CHNA AND IMPLEMENTATION STRATEGIES ARE POSTED ON THE BEAUMONT HEALTH WEBSITE AT BEAUMONT ORG/CHNA IT WAS ALSO SHARED WITH ALL ORGANIZATIONS AND PARTICIPANTS WHO PARTICIPATED IN THE INTERVIEWS AND FOCUS GROUPS, DISTRIBUTED INTERNALLY TO BEAUMONT LEADERS AND STAFF, GIVEN TO THE BEAUMONT BOARD OF DIRECTORS, BEAUMONT COMMUNITY ADVISORY BOARDS, AND GIVEN TO THE COMMUNITY MEMBERS WHO ARE ENGAGED IN THE COMMUNITY COALITIONS OF BEAUMONT COPIES ARE ALSO AVAILABLE UPON REQUEST AT NO CHARGE



**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- BEAUMONT HOSPITAL, GROSSE POINTE PART V, SECTION B, LINE 11	THE 2016 CHNA FOR BEAUMONT HOSPITAL GROSSE POINTE (BEAUMONT GROSSE POINTE) IDENTIFIED THREE PRIORITY HEALTH NEEDS TO BE ADDRESSED THE IMPLEMENTATION STRATEGY FOR BEAUMONT GROSSE POINTE FOCUSED ON THE PRIORITY HEALTH NEEDS OF CARDIOVASCULAR DISEASE, DIABETES AND OBESITY THE HEALTH NEEDS OF SUBSTANCE ABUSE, MENTAL HEALTH, ACCESS TO CARE, AND PREVENTIVE CARE OF SCREENINGS AND VACCINATIONS WERE NOT ADDRESSED AS THEY DID NOT FALL WITHIN THE CRITERIA OF THE PRIORITIZATION PROCESS (RESOURCES, PARTNERSHIPS, INFRASTRUCTURE, AND FUNDING AVAILABLE) A SUMMARY OF THE PROGRESS ON THE ACTIONS TO ADDRESS THE PRIORITY HEALTH NEEDS SELECTED IS AS FOLLOWS PRIORITY 1 CARDIOVASCULAR DISEASETHE STUDENT HEART SCREENING PROGRAM IS OFFERED TO HIGH STUDENTS, AGES 13-18, IN AN EFFORT TO DETECT ABNORMAL HEART STRUCTURE OR ABNORMAL RHYTHMS AND PREVENT SUDDEN CARDIAC ARREST TEST RESULTS ARE REVIEWED WITH PARENTS AND, IF INDICATED, FOLLOW UP IS SUGGESTED DURING 2018, 135 STUDENTS WERE SCREENED FOR HEART ABNORMALITIES IN THE GROSSE POINTE SERVICE AREA IN 2018, BEAUMONT GROSSE POINTE PROVIDED 138 HEART HEALTH SCREENINGS IN THE COMMUNITY THE SCREENINGS CONSISTED OF BLOOD PRESSURE, CHOLESTEROL, GLUCOSE, STROKE RISK ASSESSMENTS AND BMI BEAUMONT GROSSE POINTE PROVIDED 71 INDIVIDUALS IN THE COMMUNITY WITH EDUCATION ON STRESS MANAGEMENT BEAUMONT GROSSE POINTE PROVIDED 132 HOURS OF SMOKING CESSATION SERVICES TO 18 INDIVIDUALS IN THE COMMUNITY IN 2018 SUPPORT GROUPS WERE OFFERED BY BEAUMONT GROSSE POINTE FOR COPD TO 144 INDIVIDUALS IN THE COMMUNITY NUTRITION EDUCATION WAS OFFERED TO 44 INDIVIDUALS WHO ATTENDED THE PLANT POWER YOUR MEALS PROGRAM ON 3/12 IN ST CLAIR SHORES PRIORITY 2 DIABETESIN PARTNERSHIP WITH GLEANERS COMMUNITY FOOD BANK OF SOUTHEASTERN MICHIGAN, BEAUMONT GROSSE POINTE PROVIDES SHARE OUR STRENGTH'S COOKING MATTERS - FOR ADULTS EXTRA FOR DIABETES THIS SIX WEEK CLASS INCLUDES THE COOKING MATTERS - FOR ADULTS CURRICULA AS DESCRIBED BELOW ALONG WITH SPECIALIZED INFORMATION THROUGHOUT THE COURSE FOR ADULTS LIVING WITH DIABETES, CARETAKERS OF ADULTS LIVING WITH DIABETES, OR PRE-DIABETIC ADULTS THESE CLASSES WERE ATTENDED BY 15 INDIVIDUALS, PROVIDING 77 UNITS OF EDUCATION PARTICIPANT SATISFACTION WITH THE CLASSES WAS 87% (VERY GOOD) AND, OUTCOME DATA INDICATED AN AGGREGATE INCREASE IN KNOWLEDGE OF SIGNIFICANT IMPROVEMENT USING NUTRITION FACTS ON FOOD LABELS AND CONFIDENCE BUYING HEALTHY FOODS FOR THEIR FAMILY ON A BUDGET BEAUMONT GROSSE POINTE PROVIDED 22 INDIVIDUALS WITH DIABETES PATH (PERSONAL ACTION TOWARD HEALTH) PATH IS A NATIONAL EVIDENCE-BASED PROGRAM FOR THOSE WITH TYPE 2 DIABETES AND THEIR CAREGIVERS THE PROGRAM IS DESIGNED TO ENHANCE PATIENT CONFIDENCE IN THEIR ABILITY TO MANAGE THEIR DISEASE AND TO WORK MORE EFFECTIVELY WITH THEIR HEALTH CARE PROVIDERS OUTCOME DATA INDICATED 79% OF PARTICIPANTS WERE MORE CONFIDENT ABOUT HANDLING THEIR HEALTH CONDITION AFTER TAKING THE WORKSHOP AND SHOWED SIGNIFICANT IMPROVEMENTS IN TESTING BLOOD SUGAR SEVEN DAYS A

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
GROUP A-FACILITY 3 -- BEAUMONT HOSPITAL, GROSSE POINTE PART V, SECTION B, LINE 11	WEEK AND EXERCISING MORE THAN 150 MINUTES PER WEEK PARTICIPANT SATISFACTION WITH THE CLASSES WAS 89% (VERY GOOD) BEAUMONT GROSSE POINTE PROVIDED 18 UNITS OF DIABETES EDUCATION TO INDIVIDUALS IN THE COMMUNITY PRIORITY 3 OBESITYTHROUGH BEAUMONT GROSSE POINTE, THE "WALK WITH A DOC" PROGRAM WAS PROVIDED TO INDIVIDUALS IN THE COMMUNITY THIS NATIONALLY RECOGNIZED PROGRAM INCLUDES PHYSICIAN PRESENTATIONS ON VARIOUS TOPICS RELATED TO OBESITY, HEART DISEASE AND DIABETES FOLLOWED BY THE PHYSICIAN LEADING A WALK BEAUMONT GROSSE POINTE PARTNERED WITH SEVERAL COMMUNITY ORGANIZATIONS TO HOLD THE 28 DAY WALKING CHALLENGE OVER 425 COMMUNITY MEMBERS PARTICIPATED IN THIS EVENT THROUGH CARROT MOBILE HEALTH AND WELLNESS APP 89 USERS PERSONALIZED GOALS AND EARNED REWARDS FOR A MORE ACTIVE LIFESTYLE THE APP PROVIDED INDIVIDUAL STEP GOALS THAT INCREMENTALLY INCREASED STEPS FOR THE MOST SEDENTARY TO A MARATHON RUNNER PARTICIPANTS EARNED VIRTUAL CURRENCIES THAT WERE USED TO PARTICIPATE IN CHALLENGES, CONTESTS, LEADER BOARDS AND PURCHASE REWARDS ON THE APP

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINES 7 & 10	BEAUMONT HOSPITAL, ROYAL OAK'S CHNA AND IMPLEMENTATION STRATEGY CAN BE FOUND AT THE FOLLOWING URL ON THE HOSPITAL SYSTEM'S WEBSITE <a href="https://www.beaumont.org/community/community-health-needs-assessment">HTTPS //WWW BEAUMONT ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> BEAUMONT HOSPITAL, TROY'S CHNA AND IMPLEMENTATION STRATEGY CAN BE FOUND AT THE FOLLOWING URL ON THE HOSPITAL SYSTEM'S WEBSITE <a href="https://www.beaumont.org/community/community-health-needs-assessment">HTTPS //WWW BEAUMONT ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a> BEAUMONT HOSPITAL, GROSSE POINTE'S CHNA AND IMPLEMENTATION STRATEGY CAN BE FOUND AT THE FOLLOWING URL ON THE HOSPITAL SYSTEM'S WEBSITE <a href="https://www.beaumont.org/community/community-health-needs-assessment">HTTPS //WWW BEAUMONT ORG/COMMUNITY/COMMUNITY-HEALTH-NEEDS-ASSESSMENT</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 16 A, B, & C	BEAUMONT HOSPITAL ROYAL OAK'S FAP FAP APPLICATION FORM AND PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND AT THE FOLLOWING URL ON THE HOSPITAL SYSTEM'S WEBSITE <a href="https://www.beaumont.org/patients-families/billing/financial-assistance">HTTPS //WWW BEAUMONT ORG/PATIENTS-FAMILIES/BILLING/FINANCIAL-ASSISTANCE</a> BEAUMONT HOSPITAL TROY'S FAP FAP APPLICATION FORM AND PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND AT THE FOLLOWING URL ON THE HOSPITAL SYSTEM'S WEBSITE <a href="https://www.beaumont.org/patients-families/billing/financial-assistance">HTTPS //WWW BEAUMONT ORG/PATIENTS-FAMILIES/BILLING/FINANCIAL-ASSISTANCE</a> BEAUMONT HOSPITAL GROSSE POINT'S FAP FAP APPLICATION FORM AND PLAIN LANGUAGE SUMMARY OF THE FAP CAN BE FOUND AT THE FOLLOWING URL ON THE HOSPITAL SYSTEM'S WEBSITE <a href="https://www.beaumont.org/patients-families/billing/financial-assistance">HTTPS //WWW BEAUMONT ORG/PATIENTS-FAMILIES/BILLING/FINANCIAL-ASSISTANCE</a>

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>1</b> 1 - ACADEMIC HEART AND VASCULAR 5100 GATEWAY CENTER FLINT, MI 485073927	BEAUMONT PHYSICIAN PARTNERS
<b>1</b> 2 - BEAUMONT MEDICAL CENTER-STERLING HEIGHTS 44300 DEQUINDRE ROAD STERLING HEIGHTS, MI 483141003	DIALYSIS CENTER
<b>2</b> 3 - BEAUMONT DIALYSIS CENTER-BERKLEY 2624 11 MILE ROAD BERKLEY, MI 480723050	DIALYSIS CENTER
<b>3</b> 4 - BEAUMONT DIALYSIS CTR-HAZEL PARK 23223 AND 23231 JOHN R ROAD HAZEL PARK, MI 48030	DIALYSIS CENTER
<b>4</b> 5 - BEAUMONT EMPLOYEE HEALTH & SAFETY-TROY 550 STEPHENSON HIGHWAY TROY, MI 480831109	EMPLOYEE HEALTH SERVICES
<b>5</b> 6 - BEAUMONT REHABILITATION SERVICES 17150 WATERLOO STREET GROSSE POINTE, MI 482301201	FITNESS
<b>6</b> 7 - METRO FAMILY MEDICINE 26015 GREENFIELD ROAD SOUTHFIELD, MI 480764703	GENERAL MEDICAL
<b>7</b> 8 - BEAUMONT NORTHPOINTE HEART CENTER-BERKLE 27901 WOODWARD AVENUE BERKLEY, MI 480720927	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>8</b> 9 - BEAUMONT NORTHPOINTE MEDICAL BLDG 1949 12 MILE ROAD BERKLEY, MI 480721853	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>9</b> 10 - BEVERLY HILLS INTERNAL MEDICINE 17392 WEST 13 MILE ROAD BEVERLY HILLS, MI 480255438	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>10</b> 11 - BEAUMONT ENDOCRINE CTR-BEVERLY HILLS 17412 WEST 13 MILE ROAD BEVERLY HILLS, MI 480255439	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>11</b> 12 - DR O WILLIAM BROWN 31700 TELEGRAPH ROAD BINGHAM FARMS, MI 480253466	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>12</b> 13 - BEAUMONT MEDICAL BLDG-BIRMINGHAM 35046 WOODWARD AVENUE BIRMINGHAM, MI 480090932	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>13</b> 14 - REN CEN WELLNESS CLINIC 500 RENAISSANCE CENTER DETROIT, MI 482431929	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>14</b> 15 - BEAUMONT LIVING WELL PRIMARY CARE 29645 WEST 14 MILE ROAD FARMINGTON HILLS, MI 483341666	GENERAL MEDICAL/ PHYSICIAN OFFICE

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>16</b> 16 - GP PHYSICIANS AND SURGEONS 17000 KERCHEVAL AVENUE GROSSE POINTE, MI 482301570	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>1</b> 17 - BEAUMONT VEIN CTR-GPFARMS 87 KERCHEVAL AVENUE GROSSE POINTE FARMS, MI 482363603	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>2</b> 18 - BEAUMONT MEDICAL CENTER-LAKE ORION 15200 KERCHEVAL AVENUE GROSSE POINTE PARK, MI 482301356	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>3</b> 19 - BEAUMONT MEDICAL CENTER-LAKE ORION 1455 SOUTH LAPEER ROAD LAKE ORION, MI 483601467	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>4</b> 20 - DR POLEY MACOMB OFFICE 15959 HALL ROAD MACOMB, MI 480445368	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>5</b> 21 - BEAUMONT MICHIGAN HEART GROUP-NOVI 39500 WEST 10 MILE ROAD NOVI, MI 483752947	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>6</b> 22 - BEAUMONT PARKSIDE MEDICAL ASSOC 25 SOUTH WASHINGTON STREET OXFORD, MI 483714978	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>7</b> 23 - BEAUMONT ROCHESTER HILLS FAMILY PHYSICIA 1202 WALTON BOULEVARD ROCHESTER HILLS, MI 483076917	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>8</b> 24 - BEAUMONT HEALTH & WELLNESS CTR-ROCHESTER 1555 SOUTH BOULEVARD EAST ROCHESTER HILLS, MI 483075605	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>9</b> 25 - BEAUMONT MEDICAL CENTER-ROCHESTER HILLS 6700 NORTH ROCHESTER ROAD ROCHESTER HILLS, MI 483064362	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>10</b> 26 - BEAUMONT MIDWAY INTERNAL MEDICINE 555 BARCLAY CIRCLE ROCHESTER HILLS, MI 483074587	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>11</b> 27 - BEAUMONT SCS INT MED 18325 EAST 10 MILE ROAD ROSEVILLE, MI 480664990	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>12</b> 28 - BEAUMONT EAST AREA FAMILY PRACTICE 30695 LITTLE MACK AVENUE ROSEVILLE, MI 480661781	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>13</b> 29 - BEAUMONT EASTPOINTE PHYSICIANS 25509 KELLY ROAD ROSEVILLE, MI 480665823	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>14</b> 30 - LAKESIDE FAMILY MEDICINE (DR VOLLMER) 25250 KELLY ROAD ROSEVILLE, MI 480664473	GENERAL MEDICAL/ PHYSICIAN OFFICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
<b>31</b> 31 - BEAUMONT MEDICAL BUILDING-ROYAL OAK 3535 WEST 13 MILE ROAD ROYAL OAK, MI 480736770	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>1</b> 32 - BEAUMONT CANCER CENTER-ROYAL OAK 3577 WEST 13 MILE ROAD ROYAL OAK, MI 480736710	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>2</b> 33 - INTERNAL MEDICINE PEDS OF RO 950 AND 970 NORTH MAIN STREET ROYAL OAK, MI 48067	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>3</b> 34 - BEAUMONT MEDICAL CENTER-ST CLAIR SHORES 25631 LITTLE MACK AVENUE ST CLAIR SHORES, MI 480812100	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>4</b> 35 - BEAUMONT FAMILY MEDICINE CTR-ST CLAIR SH 21400 EAST 11 MILE ROAD ST CLAIR SHORES, MI 480811502	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>5</b> 36 - BEAUMONT SHOREPOINTE FAMILY PHYSICIANS 22646 EAST 9 MILE ROAD ST CLAIR SHORES, MI 480801951	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>6</b> 37 - BEAUMONT CHILDRENS CTR-SOUTHFIELD 30503 GREENFIELD ROAD SOUTHFIELD, MI 480761594	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>7</b> 38 - BEAUMONT INT MED CTR-SOUTHFIELD 29355 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 480341088	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>8</b> 39 - NORTHWEST CARDIOLOGY GROUP (DR KERNER) 26400 WEST 12 MILE ROAD SOUTHFIELD, MI 480341771	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>9</b> 40 - CARDIOLOGY ASSOC 16800 WEST 12 MILE ROAD SOUTHFIELD, MI 480762108	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>10</b> 41 - BEAUMONT FAMILY MEDICINE CTR-STERLING HE 44250 DEQUINDRE ROAD STERLING HEIGHTS, MI 48314	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>11</b> 42 - BEAUMONT MEDICAL BUILDING-STERLING HEIGH 44344 AND 44378 DEQUINDRE ROAD STERLING HEIGHTS, MI 48314	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>12</b> 43 - NORTHPOINTE HEART CENTER-LOCATION 2 44344 DEQUINDRE ROAD STERLING HEIGHTS, MI 483141038	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>13</b> 44 - ASSOCIATES OF INTERNAL MEDICINE TROY 38865 DEQUINDRE ROAD TROY, MI 480836812	GENERAL MEDICAL/ PHYSICIAN OFFICE
<b>14</b> 45 - BEAUMONT HOUGH CENTER 1777 AXTELL DRIVE TROY, MI 480844435	GENERAL MEDICAL/ PHYSICIAN OFFICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
46 46 - NETWORK-DR POLEY (2ND LOCATION) 4550 INVESTMENT DRIVE TROY, MI 480986363	GENERAL MEDICAL/ PHYSICIAN OFFICE
1 47 - BEAUMONT MEDICAL CENTER-WARREN 8545 COMMON ROAD WARREN, MI 480936772	GENERAL MEDICAL/ PHYSICIAN OFFICE
2 48 - BEAUMONT ASSOCIATED FAMILY CARE PHYSICIA 27070 HOOVER ROAD WARREN, MI 480934590	GENERAL MEDICAL/ PHYSICIAN OFFICE
3 49 - BEAUMONT NEIGHBORHOOD FAMILY MEDICINE 29245 RYAN ROAD WARREN, MI 480924230	GENERAL MEDICAL/ PHYSICIAN OFFICE
4 50 - BEAUMONT MEDICAL CENTER-WEST BLOOMFIELD 6900 ORCHARD LAKE ROAD WEST BLOOMFIELD, MI 483223405	GENERAL MEDICAL/ PHYSICIAN OFFICE
5 51 - OAKLAND NEUROLOGICAL-DR OLSON 4203 WEST 13 MILE ROAD ROYAL OAK, MI 480736502	GENERAL MEDICAL/ PHYSICIAN OFFICE
6 52 - BEAUMONT MEDICAL CENTER-MACOMB 15959 AND 15979 HALL ROAD MACOMB, MI 48044	GENERAL MEDICAL/ PHYSICIAN OFFICE, ASC/ GENERAL MEDICAL
7 53 - BEAUMONT ADMINISTRATION & EDUCATION BUIL 3711 WEST 13 MILE ROAD ROYAL OAK, MI 480736767	HOSPITAL
8 54 - BEAUMONT IMAGING CENTER-ROYAL OAK 3581 WEST 13 MILE ROAD ROYAL OAK, MI 480736710	HOSPITAL
9 55 - BEAUMONT NEUROSCIENCE CENTER-ROYAL OAK 3555 WEST 13 MILE ROAD ROYAL OAK, MI 480736712	HOSPITAL
10 56 - TROY POB 44199 DEQUINDRE ROAD TROY, MI 480851128	HOSPITAL
11 57 - BEAUMONT UROLOGY CENTER 31157 WOODWARD AVENUE ROYAL OAK, MI 480730926	MEDICAL AND OFFICE
12 58 - BEAUMONT WOUND TREATMENT CTR-BERKLEY 28905 WOODWARD AVENUE BERKLEY, MI 480720923	MEDICAL BUILDING
13 59 - METROPOLITAN MEDICAL CENTER (DR WIETRZY 9230 JOSEPH CAMPAU STREET HAMTRAMCK, MI 482123731	MEDICAL CENTER
14 60 - BEAUMONT MEDICAL BLDG-GP 16815 EAST JEFFERSON AVENUE GROSSE POINTE, MI 482301923	MEDICAL OFFICE BUILDING



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

Name of the organization  
WILLIAM BEAUMONT HOSPITAL

Employer identification number  
38-1459362

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . 

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OAKLAND UNIVERSITY 2200 N SQUIRREL ROAD ROCHESTER, MI 48309	38-1714400	501(C)(3)	600,000				SCHOOL OF MEDICINE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 1

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

**Part III** **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) MEDICAL RESIDENT STIPENDS	490	31,399,108			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**Part IV** **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	EACH YEAR, WILLIAM BEAUMONT HOSPITAL PROVIDES FINANCIAL SPONSORSHIPS AND DONATIONS TO OTHER WORTHWHILE ORGANIZATIONS WHO SHARE THE HOSPITAL'S MISSION OF PROMOTING HEALTH IN THE COMMUNITY BEAUMONT'S COMMUNITY RELATIONS CHARITABLE COMMITTEE REVIEWS REQUESTS FOR CONTRIBUTIONS BASED ON NEEDS SUBJECT TO THE AVAILABILITY OF HOSPITAL FUNDS EACH YEAR, WILLIAM BEAUMONT HOSPITAL PROVIDES FINANCIAL SPONSORSHIPS AND DONATIONS TO OTHER WORTHWHILE ORGANIZATIONS WHO SHARE THE HOSPITAL'S MISSION OF PROMOTING HEALTH IN THE COMMUNITY BEAUMONT'S COMMUNITY RELATIONS CHARITABLE COMMITTEE REVIEWS REQUESTS FOR CONTRIBUTIONS BASED ON NEEDS SUBJECT TO THE AVAILABILITY OF HOSPITAL FUNDS

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization WILLIAM BEAUMONT HOSPITAL	Employer identification number 38-1459362
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**Part I Questions Regarding Compensation**

	Yes	No								
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b> Yes									
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	<b>2</b> Yes									
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> Yes									
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> Yes									
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization?	<b>5b</b>	No								
If "Yes," on line 5a or 5b, describe in Part III.										
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization?	<b>6b</b>	No								
If "Yes," on line 6a or 6b, describe in Part III.										
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	<b>7</b>	No								
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

See Additional Data Table

**Schedule J (Form 990) 2018**

**Part III**   **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	JOHN T. FOX RECEIVED A GROSS-UP PAYMENT WHICH WAS TREATED AS TAXABLE COMPENSATION

Return Reference	Explanation
PART I, LINE 4A	<p>FOR SOME INDIVIDUALS, THE EMPLOYMENT AGREEMENT MAY PROVIDE IF THE EMPLOYER TERMINATES THE AGREEMENT AND THE PARTIES SEPARATE OTHER THAN FOR CAUSE, THE EMPLOYEE MAY BE ENTITLED TO SEVERANCE PAY THE TERMS AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS REQUIRE THE EMPLOYEE TO SIGN A RELEASE OF CLAIMS FORM THAT COVERS ALL SITUATIONS SURROUNDING THE EMPLOYEE'S EMPLOYMENT AND SEPARATION FROM THE COMPANY SEVERANCE PAYMENTS MADE BY WILLIAM BEAUMONT HOSPITAL AND ITS RELATED ENTITIES DURING 2018 INCLUDE PAYMENTS TO THE FOLLOWING INDIVIDUALS BRIAN CONNOLLY, SEVERANCE PAYMENT \$107,886 JOHN KEUTEN, SEVERANCE PAYMENT \$68,165 JAY HOLDEN, SEVERANCE PAYMENT \$75,470</p>

Return Reference	Explanation
PART I, LINE 4B	<p>WILLIAM BEAUMONT HOSPITAL AND ITS RELATED ORGANIZATIONS (THE SYSTEM) PROVIDE CERTAIN SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN OFFICERS, KEY EMPLOYEES AND PHYSICIANS. THESE BENEFITS ARE PROVIDED THROUGH A NON-QUALIFIED DEFERRED COMPENSATION PLAN, UNDER WHICH THE BENEFITS BEING EARNED ARE SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE. TO BECOME ENTITLED TO THE BENEFITS BEING PROVIDED, EACH COVERED EMPLOYEE MUST MEET SPECIFIED REQUIREMENTS RELATING TO FURTHER EMPLOYMENT. UNTIL THOSE REQUIREMENTS ARE SATISFIED, THE EMPLOYEE IS NOT ENTITLED TO THESE AMOUNTS. IF THE EMPLOYEE WERE TO HAVE TERMINATED EMPLOYMENT VOLUNTARILY IN THE YEAR TO WHICH THIS RETURN APPLIES, THOSE SUPPLEMENTAL RETIREMENT BENEFITS WOULD NOT HAVE BEEN PAID OUT. IT SHOULD BE NOTED THAT THESE SUPPLEMENTAL RETIREMENT BENEFITS ARE PART OF A RETIREMENT PROGRAM THAT PROVIDES RETIREMENT INCOME FOR ALL YEARS OF SERVICE THAT THE EMPLOYEE PROVIDES TO THE ORGANIZATION. ANY RETIREMENT BENEFITS SHOULD BE VIEWED AS APPLYING TO THE ENTIRE LENGTH OF THE EMPLOYEE'S SERVICE TO THE SYSTEM.</p> <p>DAVID WOOD, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$663,430  SAMUEL FLANDERS, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$627,341  SUBRA SRIPADA, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$464,613  JOHN FOX, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$749,965  NANCY SUSICK, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$243,515  JAMES LYNCH, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$195,585  RICHARD SWAINE, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F) \$732,626  JAY HOLDEN, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F), \$148,247  DUANE MEZWA, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F), \$672,041  MARK SAKWA, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F), \$147,341  MICHAEL MADDENS, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F), \$491,630  RICHARD BRONSTEEN, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F), \$349,696  LESLIE ROCHER, NON-QUALIFIED PLAN DISTRIBUTION, SERP 457(F), \$1,812,871</p>

Return Reference	Explanation
PART II	<p>EXECUTIVE COMPENSATION AT BEAUMONT HEALTH BACKGROUND BEAUMONT HEALTH'S EXECUTIVE COMPENSATION PHILOSOPHY AND PROGRAM ALIGNS WITH OUR STRATEGIC OBJECTIVES, WHICH CONTRIBUTE TO THE HEALTH AND WELL-BEING OF THE RESIDENTS THROUGHOUT THE COMMUNITIES WE SERVE AS BEAUMONT LOOKS TO RETAIN TOP TALENT IN BOTH EXECUTIVE AND NON-EXECUTIVE POSITIONS ACROSS THE ORGANIZATION, SIMILAR PHILOSOPHIES ARE UTILIZED, WHICH ALIGN WITH OUR ORGANIZATIONAL VALUES OF COMPASSION, RESPECT, INTEGRITY, TEAMWORK, AND EXCELLENCE TO SUCCESSFULLY LEAD SUCH A LARGE, COMPLEX ORGANIZATION LIKE BEAUMONT HEALTH, HIGHLY TALENTED EXECUTIVE LEADERSHIP IS ESSENTIAL SUCCESSFUL RECRUITING, RETENTION AND MOTIVATION OF LEADERS REQUIRES NATIONALLY COMPETITIVE COMPENSATION AND BENEFITS BEAUMONT ALSO CONSIDERS RECRUITING EXECUTIVE LEADERS WHO COULD CHOOSE POSITIONS IN INDUSTRY SECTORS OTHER THAN HEALTH CARE BASED ON A RIGOROUS OBJECTIVE METHODOLOGY, INCLUDING REVIEW OF AN INDEPENDENT CONSULTANT'S NATIONAL MARKET DATA FROM OTHER HEALTH SYSTEMS, ASSESSMENT OF JOB RESPONSIBILITIES, EVALUATION OF QUALIFICATIONS, AND REVIEW AND APPROVAL BY A BOARD COMMITTEE COMPRISED OF INDEPENDENT AND DISINTERESTED DIRECTORS, BEAUMONT HEALTH IS CONFIDENT THAT OUR EXECUTIVES' COMPENSATION IS BOTH COMPETITIVE AND REASONABLE PHILOSOPHY OUR EXECUTIVE COMPENSATION PROGRAMS ARE BASED ON THE FOLLOWING KEY ATTRIBUTES - PROGRAMS ARE ALIGNED TO THE MARKET - BEAUMONT PROVIDES MARKET COMPETITIVE COMPENSATION AND BENEFITS THAT ARE COMMONLY PROVIDED BY HEALTH SYSTEMS OF OUR SIZE AND COMPLEXITY BEAUMONT EXECUTIVE COMPENSATION IS ALSO ALIGNED WITH THE PERFORMANCE OF THE ORGANIZATION FOR EXAMPLE, WHEN THE ORGANIZATION ACHIEVED UPPER-QUARTILE PERFORMANCE, THE INTENT IS TO HAVE EXECUTIVE PAY ALIGNED WITH MARKET PAY IN THE UPPER-QUARTILE LOWER LEVELS OF PERFORMANCE RESULTS IN LOWER LEVELS OF EXECUTIVE PAY, INCLUDING NO INCENTIVE PAY IF THE ORGANIZATION DOES NOT MEET CERTAIN FINANCIAL METRICS - PERFORMANCE METRICS ARE TIED TO KEY STRATEGIC OBJECTIVES - A LARGE PORTION OF AN EXECUTIVE'S COMPENSATION AT BEAUMONT IS DEPENDENT ON HOW THE ORGANIZATION PERFORMS ON KEY GOALS AND METRICS INCLUDING PATIENT SAFETY, QUALITY OF CARE, AND PATIENT EXPERIENCE AND SATISFACTION AS SUCH, A SUBSTANTIAL PORTION OF AN EXECUTIVE'S PAY IS 'AT-RISK' (NOT GUARANTEED) BASED ON ORGANIZATIONAL PERFORMANCE SOME OF THE 'AT RISK' PAY IS AWARDED OVER A MULTI-YEAR PERIOD AND THERE ARE NO GUARANTEES THE ENTIRE AMOUNT WILL BE PAID THE EXECUTIVE'S ACTUAL TAKE HOME PAY IN ANY GIVEN YEAR MIGHT BE LESS THAN THE TOTAL COMPENSATION AS REPORTED ON THE 990 IF THE ORGANIZATION'S OBJECTIVES OVER MULTIPLE YEARS ARE NOT ACHIEVED FURTHER, COLUMN E OF SCHEDULE J OF THE 990 CAN BE EASILY MISINTERPRETED AND IS OFTEN OVERSTATED DUE TO COUNTING COMPENSATION ACCRUED IN A GIVEN YEAR, BUT NOT YET VESTED TO AVOID INADVERTENTLY "DOUBLE COUNTING" COMPENSATION THE BEST REFLECTION OF A SINGLE YEAR'S COMPENSATION IS SCHEDULE J COLUMN B (I-III), WHICH CONTAINS THE MOST ACCURATE SOURCE OF INFORMATION RELATED TO AN EXECUTIVE'S PAID COMPENSATION IN ANY GIVEN YEAR YEAR TO YEAR, AN EXECUTIVE'S TOTAL COMPENSATION WILL VARY BASED ON ORGANIZATIONAL PERFORMANCE AS WELL AS THE SCHEDULED TIMING OF PAYMENTS OF AMOUNTS EARNED BUT NOT VESTED IN EARLIER YEARS - GENERAL HEALTH AND WELFARE PROGRAMS ARE CONSISTENT WITH NON-EXECUTIVES - IN AN EFFORT TO DRIVE CONSISTENCY, TRANSPARENCY, AND FAIRNESS, BEAUMONT EXECUTIVES PARTICIPATE IN THE SAME HEALTH AND WELFARE PROGRAMS AS OTHER NON-EXECUTIVE EMPLOYEES GOVERNANCE OF EXECUTIVE COMPENSATION BEAUMONT IS COMMITTED TO MAINTAINING HIGH STANDARDS OF CORPORATE GOVERNANCE OUR CORPORATE GOVERNANCE PROCESS IS COMPLIANT, TRANSPARENT AND ENSURES COMPENSATION IS ADMINISTERED IN A FAIR AND EQUITABLE MANNER EXECUTIVE COMPENSATION IS GOVERNED BY THE ORGANIZATION AND COMPENSATION COMMITTEE (OCC) OF THE BOARD OF DIRECTORS OF BEAUMONT HEALTH, THE PARENT ORGANIZATION OF A MULTI-ENTITY HEALTH SYSTEM THE COMMITTEE IS COMPRISED OF INDEPENDENT BOARD MEMBERS WHO HAVE NO CONFLICTS OF INTEREST AS IT RELATES TO THE ORGANIZATION'S EXECUTIVE COMPENSATION THE COMMITTEE IS RESPONSIBLE FOR - REVIEWING, VALIDATING AND APPROVING PERFORMANCE GOALS AND METRICS RELATED TO THE EXECUTIVE'S AT-RISK COMPENSATION PLANS - REVIEWING, VALIDATING AND APPROVING PERFORMANCE ACHIEVED ON THE EXECUTIVE AT-RISK COMPENSATION PLANS - REVIEWING AND APPROVING COMPENSATION FOR EACH MEMBER OF THE ORGANIZATION'S SENIOR LEADERSHIP TEAM - ENSURING COMPENSATION IS REASONABLE AND APPROPRIATE BASED ON PERFORMANCE ACHIEVED AND THE ORGANIZATION'S MISSION THE COMMITTEE ALSO RECEIVES SUPPORT FROM OUTSIDE ADVISORS WITH EXPERTISE IN HEALTH CARE ORGANIZATIONS AND EXECUTIVE COMPENSATION</p>





Additional Data

Software ID:  
Software Version:  
EIN: 38-1459362  
Name: WILLIAM BEAUMONT HOSPITAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
DAVID WOOD DIRECTOR	(i)	719,271	496,904	694,137	442,451	21,033	2,373,796	439,187
	(ii)	0	0	0	0	0	0	0
JOHN FOX PRESIDENT & CEO	(i)	1,848,289	1,601,798	810,062	1,657,430	15,302	5,932,881	1,708,820
	(ii)	0	0	0	0	0	0	0
MALCOLM HENOCH MD DIRECTOR (END 12/31/18)	(i)	0	0	0	0	0	0	0
	(ii)	495,401	293,318	11,779	208,662	15,415	1,024,575	183,866
JOHN KERNDL EVP & CHIEF FINANCIAL OFFICER	(i)	662,907	282,245	7,482	393,430	19,762	1,365,826	282,245
	(ii)	0	0	0	0	0	0	0
AARON GILLINGHAM CHIEF HUMAN RESOURCES OFFICER	(i)	415,782	80,000	1,431	215,667	19,301	732,181	0
	(ii)	0	0	0	0	0	0	0
CAROLYN WILSON EVP & CHIEF OPERATING OFFICER	(i)	978,521	594,467	22,952	584,103	14,738	2,194,781	589,030
	(ii)	0	0	0	0	0	0	0
JAMES LYNCH CMO-TROY/INT PRES GP	(i)	342,034	237,516	200,526	172,850	17,204	970,130	114,226
	(ii)	0	0	0	0	0	0	0
LESLIE ROCHER CMO - ROYAL OAK	(i)	506,778	293,096	1,838,895	247,592	13,194	2,899,555	251,374
	(ii)	0	0	0	0	0	0	0
NANCY SUSICK PRESIDENT TROY	(i)	412,486	250,563	271,475	234,854	19,395	1,188,773	216,895
	(ii)	0	0	0	0	0	0	0
NICHOLAS GILPIN CMO - GROSSE POINTE	(i)	265,948	60,759	19,112	85,963	14,033	445,815	0
	(ii)	0	0	0	0	0	0	0
RICHARD SWAINE PRESIDENT GROSSE POINTE	(i)	331,590	132,048	755,818	45,627	15,483	1,280,566	158,525
	(ii)	0	0	0	0	0	0	0
ROSANNA MORRIS PRESIDENT ROYAL OAK	(i)	666,497	214,472	4,481	189,554	19,720	1,094,724	314,013
	(ii)	0	0	0	0	0	0	0
SAMUEL FLANDERS MD EVP OPERATIONS & CHIEF OF HR	(i)	556,620	349,177	653,365	225,997	21,075	1,806,234	218,881
	(ii)	0	0	0	0	0	0	0
SUBRA SRIPADA EVP & CHIEF OF INFORMATION	(i)	563,032	391,343	485,735	352,528	22,633	1,815,271	345,887
	(ii)	0	0	0	0	0	0	0
SUSAN GRANT EVP & CNO	(i)	553,788	742,784	7,777	335,180	9,200	1,648,729	327,889
	(ii)	0	0	0	0	0	0	0
DUANE MEZWA FACULTY PHYSICIAN	(i)	687,397	0	701,759	19,150	19,720	1,428,026	0
	(ii)	0	0	0	0	0	0	0
MARC SAKWA CHIEF CARDIOVASCULAR SURGEON	(i)	1,272,430	45,000	173,365	19,150	20,050	1,529,995	0
	(ii)	0	0	0	0	0	0	0
MICHAEL E MADDENS FACULTY PHYSICIAN	(i)	387,393	98,278	524,267	19,150	14,878	1,043,966	0
	(ii)	0	0	0	0	0	0	0
RICHARD BRONSTEEN OBSTETRICAL ULTRASONOGRAPHER	(i)	602,481	3,855	371,794	19,150	20,052	1,017,332	0
	(ii)	0	0	0	0	0	0	0
STEVEN RIMAR VASCULAR SURGEON	(i)	750,462	234,880	26,024	19,150	14,556	1,045,072	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN KEUTEN FORMER OFFICER (END 2016)	(i)	0	0	0	0	0	0	0
	(ii)	0	69,245	68,165	0	0	137,410	0
BRIAN CONNOLLY FORMER KEY EMPLOYEE (END 2014)	(i)	0	0	0	0	0	0	0
	(ii)	0	1,304,985	115,629	0	178	1,420,792	0
JAY HOLDEN FORMER KEY EMPLOYEE (END 2014)	(i)	180	224,546	0	0	4,491	229,217	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WILLIAM BEAUMONT HOSPITAL

Employer identification number  
38-1459362

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CITY OF ROYAL OAK HOSPITAL FINANCE AUTHORITY	38-6004646	780486HD1	05-13-2014	468,172,825	SEE PART VI		X		X		X
B CITY OF ROYAL OAK HOSPITAL FINANCE AUTHORITY	38-6004646	000000000	01-26-2012	100,000,000	SEE PART VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .	47,500,000		50,000,000					
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	468,172,825		100,000,000					
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	3,305,964							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .								
11	Other spent proceeds . . . . .	464,866,861		100,000,000					
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . . .		X	X					
15	Were the bonds issued as part of an advance refunding issue? . . . . .	X			X				
16	Has the final allocation of proceeds been made? . . . . .	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

**Part III Private Business Use** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .	0 700 %							
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
<b>6</b> Total of lines 4 and 5 . . . . .	0 700 %							
<b>7</b> Does the bond issue meet the private security or payment test? . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				

**Part IV Arbitrage**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply? . . . .								
<b>a</b> Rebate not due yet? . . . . .		X		X				
<b>b</b> Exception to rebate? . . . . .		X	X					
<b>c</b> No rebate due? . . . . .	X			X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X	X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . .		X		X				

**Part V Procedures To Undertake Corrective Action**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART I, COLUMN F	DESCRIPTION OF PURPOSE BOND A - (2014D) REFINANCE SERIES 2009V ISSUED 1/28/2009 BOND B - (2012 Y&Z) REFINANCE PORTION OF SERIES 2001M ISSUED 5/31/2001

Return Reference	Explanation
PART IV, LINE 2, COLUMN A	DATE OF REBATE COMPUTATION WAS 1/10/2019

Return Reference	Explanation
PART VI, LINE 6, COLUMN A	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH THE PROCEEDS OF THE BOND



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 38-1459362  
**Name:** WILLIAM BEAUMONT HOSPITAL

Return Reference	Explanation
PART I, COLUMN F	DESCRIPTION OF PURPOSE BOND A - (2014D) REFINANCE SERIES 2009V ISSUED 1/28/2009 BOND B - (2012 Y&Z) REFINANCE PORTION OF SERIES 2001M ISSUED 5/31/2001
PART IV, LINE 2, COLUMN A	DATE OF REBATE COMPUTATION WAS 1/10/2019
PART VI, LINE 6, COLUMN A	THIS QUESTION IS BEING ANSWERED WITHOUT REGARD TO A YIELD RESTRICTED ADVANCE REFUNDING ESCROW FINANCED WITH THE PROCEEDS OF THE BOND

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury

Name of the organization  
WILLIAM BEAUMONT HOSPITAL

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018**

**Open to Public Inspection**

**Employer identification number**

38-1459362

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, ITEM C	DBA BEAUMONT HOSPITAL, TROY DBA BEAUMONT HOSPITAL, GROSSE POINTE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP BECAUSE THEY ARE BOARD MEMBERS OR SHARED OFFICERS OF A TAXABLE ENTITY WITHIN THE BEAUMONT HEALTH SYSTEM JOHN FOX JOHN KERNDL GERSON COOPER DAVID WOOD, MD SAMUEL FLANDERS, MD RICHARD SWAINE LESLIE ROCHER, MD JAMES L YNCH, HD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	BEAUMONT HEALTH IS THE SOLE CORPORATE MEMBER OF WILLIAM BEAUMONT HOSPITAL

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BEAUMONT HEALTH IS THE CORPORATE MEMBER OF WILLIAM BEAUMONT HOSPITAL WITH THE RIGHT TO ELECT ONE OR MORE MEMBERS OF WILLIAM BEAUMONT HOSPITAL'S GOVERNING BODY

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	BEAUMONT HEALTH AS THE CORPORATE MEMBER OF WILLIAM BEAUMONT HOSPITAL HAS RESERVED POWERS OVER WILLIAM BEAUMONT HOSPITAL'S OPERATIONS INCLUDING BUT NOT LIMITED TO BUDGET, ACQUISITIONS, CAPITAL PROJECTS AND PARTICIPATION IN JOINT VENTURES

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 WAS SUBJECTED TO A MULTI-STEP REVIEW PROCESS PRIOR TO FILING WITH THE GOVERNMENT BY THE STATUTORY DUE DATE FORM 990 IS PREPARED BY BEAUMONT HEALTH TREASURY ADMINISTRATION REVIEWED BY THAT DEPARTMENT'S MANAGEMENT, AND SUBSEQUENTLY REVIEWED BY THE FILING ENTITY'S PAID PREPARER, AS THE FINAL STEP IN THIS REVIEW PROCESS, A COPY OF THE FINAL FILING VERSION OF FORM 990 IS PROVIDED ELECTRONICALLY TO EACH VOTING MEMBER OF WILLIAM BEAUMONT HOSPITAL'S GOVERNING BODY FOR THEIR REVIEW PRIOR TO THE FORM BEING FILED

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BEAUMONT HEALTH, THE PARENT CORPORATION AND SOLE MEMBER OF WILLIAM BEAUMONT HOSPITAL, RECOGNIZES THAT IT HAS AN OBLIGATION TO ITS PATIENTS ITS PAYORS, ITS DESIGNEES AND THE COMMUNITIES IT SERVES TO OBSERVE THE HIGHEST LEVEL OF INTEGRITY TO ENSURE CLINICAL, BUSINESS AND ACADEMIC DECISION MAKING IS NOT COMPROMISED BY FINANCIAL OR OTHER RELATIONSHIPS WITH INDUSTRY THE CORPORATE COMPLIANCE OFFICE, WITH THE ASSISTANCE OF HUMAN RESOURCES AND SPECIFIC INDIVIDUAL DEPARTMENTS, WILL COORDINATE UPON HIRE AND EACH CALENDAR YEAR THEREAFTER A PROCESS OF OBTAINING CONFLICT OF INTEREST/DISCLOSURE OF REMUNERATION STATEMENTS ALL AREAS OF THE INSTITUTION WILL FOLLOW THE HUMAN RESOURCES HIRING PROCESS PROTOCOL TO ASSURE COMPLIANCE WITH THE CONFLICT OF INTEREST PROGRAM, AT ANY TIME WHEN A DESIGNEE BECOMES INVOLVED IN A RELATIONSHIP THAT IS OR MAY BE PERCEIVED TO BE A CONFLICT OF INTEREST, THE DESIGNEE MUST COMPLETE THE CONFLICT OF INTEREST/DISCLOSURE OF REMUNERATION STATEMENT AND FORWARD TO THE CORPORATE COMPLIANCE OFFICER A CONFLICT OF INTEREST OR NEED TO DISCLOSE REMUNERATION MAY EXIST IF A BEAUMONT DESIGNEE OR ANY MEMBER OF THEIR INTERMEDIATE FAMILY RECEIVES COMPENSATION IN ANY FORM FOR SERVICES RENDERED IN ANY CAPACITY TO ANY ORGANIZATION OR INDIVIDUAL THAT HAS ANY PAST, PRESENT OR PROSPECTIVE BUSINESS DEALINGS WITH BEAUMONT, IF SUCH COMPENSATION MIGHT BE REASONABLY CONSTRUED AS TENDING TO PREVENT THE DESIGNEE FROM ACTING SOLELY AND WHOLLY IN THE BEST INTEREST OF BEAUMONT HEALTH</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>WILLIAM BEAUMONT HOSPITAL'S BOARD OF DIRECTORS HAS DULY APPOINTED AN ORGANIZATION AND COMPENSATION COMMITTEE (THE "COMMITTEE"), WHICH IS RESPONSIBLE FOR THE REVIEW AND APPROVAL OF COMPENSATION AND BENEFITS PROVIDED TO BEAUMONT AND ITS AFFILIATED MEMBERS' EXECUTIVE MANAGEMENT TEAMS. THE COMMITTEE HAS ADOPTED A WRITTEN EXECUTIVE COMPENSATION PHILOSOPHY STATEMENT GOVERNING THE WORK AND REVIEW PROCESS OF THE COMMITTEE. THE COMMITTEE FOLLOWS THE PROCEDURES DESCRIBED IN THE PHILOSOPHY STATEMENT WHEN IT REVIEWS AND APPROVES THE COMPENSATION AND EMPLOYEE BENEFITS PROVIDED TO SENIOR MANAGEMENT, INCLUDING THE CHIEF EXECUTIVE OFFICER AND OTHER OFFICERS. THE COMMITTEE REVIEWS ALL ASPECTS OF COMPENSATION, INCLUDING CURRENT AND DEFERRED COMPENSATION, AND BENEFITS, INCLUDING QUALIFIED AND NON-QUALIFIED BENEFITS. THE COMMITTEE MEETS FOUR TIMES A YEAR, AND APPROVES COMPENSATION AND BENEFITS ONLY TO THE EXTENT THAT THE COMMITTEE HAS CONCLUDED THAT THE COMPENSATION AND BENEFITS CONSTITUTE NO MORE THAN REASONABLE COMPENSATION FOR EACH EXECUTIVE. THE COMMITTEE CONSISTS OF SIX MEMBERS ALL OF WHOM ARE DISINTERESTED MEMBERS OF THE BOARD OF DIRECTORS. THE COMMITTEE WORKS WITH AN INDEPENDENT COMPENSATION CONSULTANT TO PREPARE AND REVIEW IN ADVANCE COMPREHENSIVE DATA SHOWING THE COMPENSATION PROVIDED BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY SIMILAR POSITIONS. THE COMMITTEE ALSO PREPARES A TIMELY AND THOROUGH WRITTEN RECORD OF ITS DELIBERATIONS AND CONCLUSIONS. AS A RESULT, THE COMMITTEE'S REVIEW PROCESS IS DESIGNED TO SATISFY THE PROCEDURAL CRITERIA NECESSARY TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE FEDERAL INCOME TAX LAW INTERMEDIATE SANCTIONS RULES. THE COMMITTEE HAS EXPRESSLY DETERMINED THAT THE TOTAL COMPENSATION PROVIDED IS REASONABLE, BASED ON THE REVIEW OF THE MARKET DATA PRESENTED BY THE INDEPENDENT COMPENSATION CONSULTANT AND ON THE REVIEW OF ALL OTHER RELEVANT FACTS AND CIRCUMSTANCES.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION TO THE PUBLIC UPON REQUEST

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, LINE 16	THE ORGANIZATION EXERCISES DUE DILIGENCE IN THE OVERSIGHT OF ANY NEW JOINT VENTURES AND ROUTINELY CONSULTS WITH TAX CONSULTANTS ON THE MATTER, IF APPLICABLE

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VII, SECTION B, LINE 1	THE HEALTH SYSTEM HAS A CENTRALIZED ACCOUNTS PAYABLE FUNCTION AND, AS SUCH, ALL 1099'S ARE ISSUED BY BEAUMONT HEALTH

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CAPITAL RELEASED FROM RESTRICTION -1,079,787 EQUITY TRANSFERS TO BEAUMONT HEALTH 106,651, 746 PENSION ADJUSTMENT -42,890,579 OTHER TRANSFERS TO AFFILIATES 13,361,730

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization  
WILLIAM BEAUMONT HOSPITAL

Employer identification number  
38-1459362

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BEAUMONT WEST BLOOMFIELD ASC LLC 16500 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48076 20-3699064	CLINICAL OPERATIONS	MI	0	0	WILLIAM BEAUMONT HOSPITAL
(2) MACOMB TOWNSHIP ASC LLC 16500 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48076 20-2632548	CLINICAL OPERATIONS	MI	0	0	WILLIAM BEAUMONT HOSPITAL
(3) BEAUMONT UNITED CARE PARTNERS 3601 WEST THIRTEEN MILE ROAD SOUTHFIELD, MI 48073 46-2536469	CLINICAL OPERATIONS	MI	0	0	WILLIAM BEAUMONT HOSPITAL

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**Part III Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> BEAUMONT KIDNEY SPECIALTY SERVICES LLC 26400 WEST TWELVE MILE ROAD SOUTHFIELD, MI 48034 26-2200439	DIALYSIS SERVICES	MI	WILLIAM BEAUMONT HOSPITAL	RELATED	3,637,303	960,812		No			No	55 900 %
<b>(2)</b> BOTSFORD CARE PARTNERS LLC 28050 GRAND RIVER AVENUE FARMINGTON HILLS, MI 48336 45-4854213	HEALTHCARE SERVICES	MI	N/A									
<b>(3)</b> DEARBORN SCHAEFFER OFFICE COMPANY LLC ONE TOWN SQUARE SUITE 1600 SOUTHFIELD, MI 48076 26-2448025	REAL ESTATE	MI	N/A									
<b>(4)</b> OAKMED LLC 1938 WOODSLEE DRIVE TROY, MI 48083 46-1459737	PRIVATE DUTY NURSING	MI	N/A									

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> BEAUMONT INDEMNITY COMPANY LTD 23 LIME TREE BAY AVENUE GRAND CAYMAN, GRAND CAYMAN CJ 98-0512415	PREMIUM DEPOSITS	CJ	WILLIAM BEAUMONT HOSPITAL	C		127,974,223	100 000 %	Yes	
<b>(2)</b> BEAUMONT NURSING HOME SERVICES INC 26935 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48033 38-2799842	ASSISTED CARE LIVING	MI	WILLIAM BEAUMONT HOSPITAL	C	2,509,021	8,201,579	100 000 %	Yes	
<b>(3)</b> BEAUMONT PHYSICIANS INSURANCE COMPANY INC 26935 NORTHWESTERN HIGHWAY SOUTHFIELD, MI 48033 27-4261262	PROFESSIONAL INSURANCE	MI	WILLIAM BEAUMONT HOSPITAL	C	39,217	13,895,380	100 000 %	Yes	
<b>(4)</b> BOTSFORD COMMONS PROPERTY ASSOCIATION 28050 GRAND RIVER AVENUE FARMINGTON HILLS, MI 48336 38-3203663	PROPERTY MANAGEMENT	MI	N/A	C				Yes	
<b>(5)</b> OAKWOOD AFFILIATED VENTURES INC AND SUBSIDIARIES 15500 LUNDY PARKWAY DEARBORN, MI 48126 37-1753159	OFFICE OF PHYSICIANS/NON- RESIDENTIAL	MI	N/A	C				Yes	
<b>(6)</b> PARASTAR EMERGENCY SYSTEMS INC 28050 GRAND RIVER AVENUE FARMINGTON HILLS, MI 48336 38-2755982	MANAGEMENT DISPATCH SERVICES	MI	N/A	C				Yes	

**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity . . . . .

1a

No

b Gift, grant, or capital contribution to related organization(s) . . . . .

1b

No

c Gift, grant, or capital contribution from related organization(s) . . . . .

1c

Yes

d Loans or loan guarantees to or for related organization(s) . . . . .

1d

Yes

e Loans or loan guarantees by related organization(s) . . . . .

1e

Yes

f Dividends from related organization(s) . . . . .

1f

No

g Sale of assets to related organization(s) . . . . .

1g

No

h Purchase of assets from related organization(s) . . . . .

1h

No

i Exchange of assets with related organization(s) . . . . .

1i

No

j Lease of facilities, equipment, or other assets to related organization(s) . . . . .

1j

No

k Lease of facilities, equipment, or other assets from related organization(s) . . . . .

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s) . . . . .

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s) . . . . .

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .

1n

No

o Sharing of paid employees with related organization(s) . . . . .

1o

No

p Reimbursement paid to related organization(s) for expenses . . . . .

1p

Yes

q Reimbursement paid by related organization(s) for expenses . . . . .

1q

Yes

r Other transfer of cash or property to related organization(s) . . . . .

1r

Yes

s Other transfer of cash or property from related organization(s) . . . . .

1s

Yes

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved



Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 38-1459362

Name: WILLIAM BEAUMONT HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 46-5718220	PARENT COMPANY OF THE HEALTH SYSTEM	MI	501(C)(3)	12C, III-FI	N/A		No
950 W MAPLE SUITE C TROY, MI 48084 26-0203703	MEDICAL TRANSPORTATION SERVICES	MI	501(C)(3)	10	BEAUMONT HEALTH	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 38-2549505	LONG TERM NURSING CARE	MI	501(C)(3)	10	BOTSFORD GENERAL HOSPITAL	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 38-1426919	HOSPITAL	MI	501(C)(3)	3	BEAUMONT HEALTH	Yes	
25400 W EIGHT MILE ROAD SOUTHFIELD, MI 48033 38-2410823	EMERGENCY MEDICAL SERVICES	MI	501(C)(3)	10	BOTSFORD GENERAL HOSPITAL	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 33-1086165	MOBILE PET SCANNING	MI	501(C)(3)	12A, I	OAKWOOD HEALTHCARE INC	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 38-1405141	HOSPITAL	MI	501(C)(3)	3	BEAUMONT HEALTH	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 38-2837961	FACILITY LEASING	MI	501(C)(3)	12A, I	OAKWOOD HEALTHCARE INC	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 38-2877338	HOME HEALTH SERVICES	MI	501(C)(3)	10	OAKWOOD HEALTHCARE INC	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 38-2601965	ASSISTED AND RESIDENT CARE FACILITIES	MI	501(C)(3)	10	OAKWOOD HEALTHCARE INC	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 36-4852171	FOUNDATION	MI	501(C)(3)	7	BEAUMONT HEALTH	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 82-2768899	PHYSICIAN SUPPORT SERVICES	MI	501(C)(3)	10	BEAUMONT HEALTH	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 82-2796539	PHYSICIAN SUPPORT SERVICES	MI	501(C)(3)	10	BEAUMONT HEALTH	Yes	
26901 BEAUMONT BLVD SOUTHFIELD, MI 48033 82-2784244	PHYSICIAN SUPPORT SERVICES	MI	501(C)(3)	10	BEAUMONT HEALTH	Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) BEAUMONT HEALTH	Q	894,355,257	FMV
(1) BEAUMONT HEALTH	P	787,703,512	FMV
(2) BEAUMONT HEALTH FOUNDATION	R	112,613,619	FMV
(3) BOTSFORD CONTINUING CARE CORPORATION	D	29,679,509	FMV
(4) OAKWOOD HOME CARE SERVICES	S	1,243,346	FMV
(5) BEAUMONT HEALTH FOUNDATION	C	12,922,947	FMV
(6) BEAUMONT HEALTH	E	759,793,809	FMV